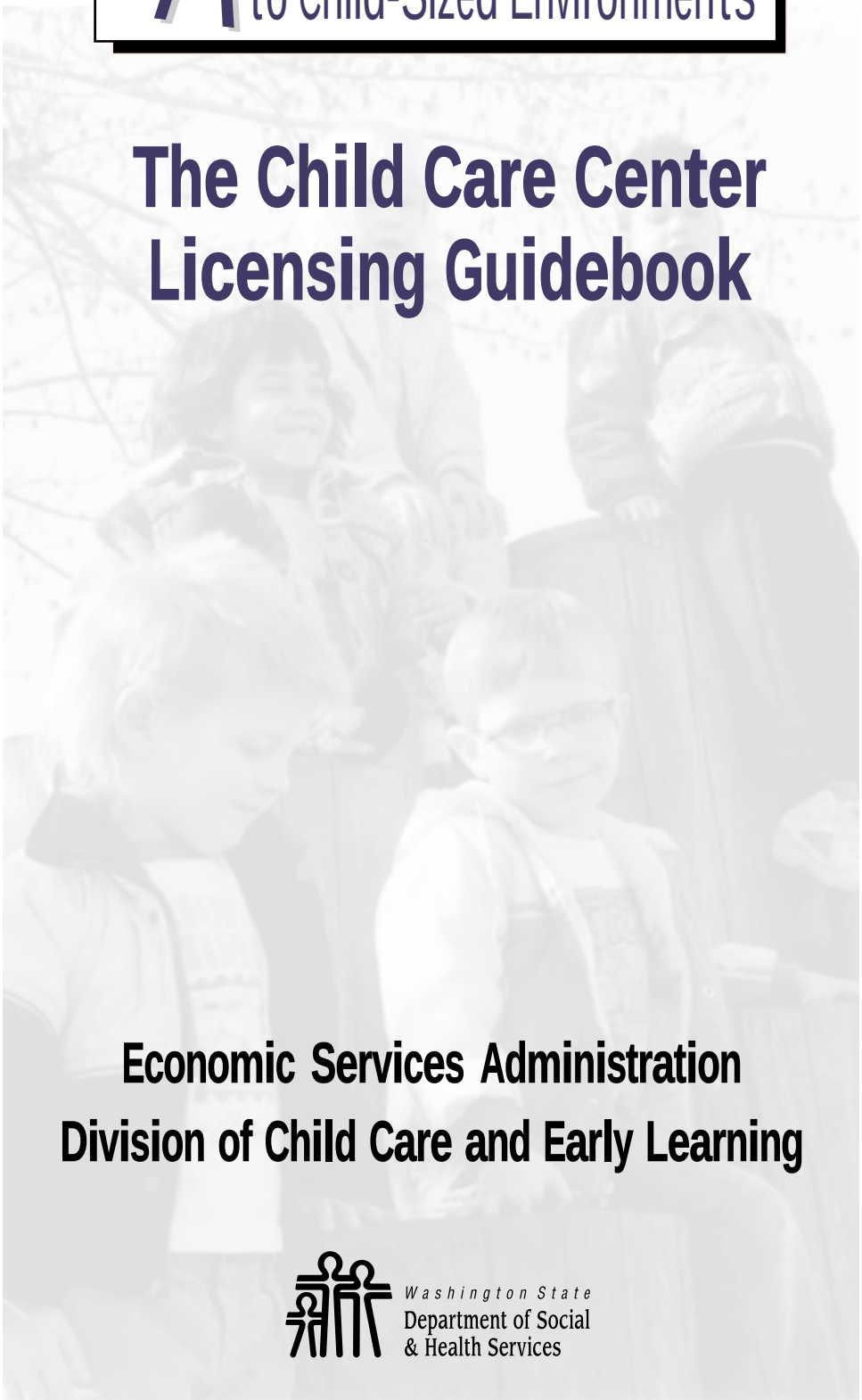
an Adult-Sized Guide to Child-Sized Environments

The Child Care Center Licensing Guidebook



Economic Services Administration
Division of Child Care and Early Learning

Washington State
Department of Social
& Health Services

DSHS 22-733 TEXT (Rev. 7/03)

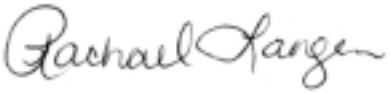
Dear Child Care Professional,

I am very pleased to present you with this child care guidebook. As you are well aware, increasing numbers of young children are being cared for outside of their homes while their parents work or go to school. The availability of quality child care is critical to the well being of children, families, communities and businesses. You, as child care providers, are key to making sure that children thrive in child care settings.

This guidebook is being published in three versions: Center-based child care, home-based child care and care for School-Age children specifically. It is intended to serve as a comprehensive resource for both providers and licensors. The licensing process is explained and some ideas are suggested on how to get through the process easier. Many suggestions are offered on how to operate a quality child care program.

The jobs you do are vitally important to the children and families of this state and I appreciate your commitment. I hope you will find this guidebook useful in operating your child care business.

Sincerely



Rachael Langen, Director
Division of Child Care and Early Learning

The Child Care Center Licensing Guidebook

Welcome to the community of people involved with child care centers in our state.

The guidebook that you have just opened represents months of work by child care center providers, licensors, and child care professionals. It is an interpretation of current rules, presented with lots of ideas, suggestions and examples that you may want to use. Please do!

The guidebook was written for you and others like you who are interested in providing quality center care for children. Consider it as a reference tool and your licensor as a consultant. Both are available to help you at no cost.

Keep in mind that the current child care center Washington Administrative Code (WAC) accentuates the positive. It focuses on "shoulds" rather than "shouldn'ts." Following in the same vein, the guidebook describes positive living and learning environments for children.

Welcome to the world of child care centers. This is **your** guidebook.

Acknowledgements

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Most importantly, the children enrolled in child care centers and homes in Washington State.

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Chapter 1. WAC 388-295-0010

Definitions

In this chapter, we give definitions that will help you understand and interpret terms in WAC; or in this guidebook. Please read these definitions carefully before reading other portions of the guidebook.

Center

Throughout this guidebook, "center" is used as a shorter way of saying "child day care center." Child care is considered center care if:

(1) It takes place outside the licensee's home;
(2) It is regularly scheduled;
(3) It is for a group of children.

Although the WAC definition of center says a center must offer care for less than 24 hours, this refers to the center's hours of operation. A child should not be in care for more than 10 hours a day, with some allowance for parent travel time or other reasonable circumstances.

Developmentally Appropriate Practices; Best Practices

The National Association for the Education of Young Children (NAEYC) provides a two-part description of developmentally appropriate practices. Both WAC and the guidebook use this term many times. It means:

Age appropriate. All children grow and change. The ways we interact with children when they are two may not be appropriate when they are four. A working knowledge of child development helps us respond appropriately to children's needs through their stages of development. We expect different behaviors from a toddler than from a preschooler. Therefore, providers set up toddler rooms and preschool rooms to encourage different kinds of activities.

Individually appropriate. Each child is an individual. Children have varying rates of development and different interests. They come from a variety of family and cultural backgrounds. Therefore, the activities providers prepare for a certain age group must be varied and flexible to allow children challenging and interesting choices.

You plan developmentally appropriate activities for the age range and the interests of the children in the group. You continuously update and refine the plan. You base this on observing the individual needs, interests, and growth patterns of the children in the group.

Sometimes we use the term "best practices" in the guidebook to describe developmentally appropriate practices that are suggestions, not DSHS requirements.

Director; Program Supervisor

These terms refer to responsibilities someone, meeting position qualifications, has as part of their job description (see Chapter 11). Centers may vary in how they fill these supervisory positions.

- A large center may need both a full-time director and a full-time program supervisor, whose primary responsibilities are overseeing a staff of care providers.
- A small center may operate smoothly with a full-time director who also serves as the program supervisor.
- Another center may perform well with a half-time director, an office secretary, and a program supervisor. The program supervisor may act as a lead provider part-time and do staff supervision and curriculum development part-time.
- Another center may have a full-time director. The center may hire lead providers in each room who are qualified program supervisors for their own group of children.

In each of these instances, staff with the required education and experience fill the required roles as part of their job descriptions.

Licensee; Provider; You

WAC usually refers to the licensee. The guidebook more frequently uses the terms "provider" or "you." Similarly, the guidebook often uses the terms "provider" or "care giver" to refer to the center staff who are actually providing care.

Licensor; DSHS; DCCEL; We

We use these terms interchangeably in the guidebook. They all mean the same thing. They refer to the Washington State Department of Social and Health Services (DSHS) Division of Child Care and Early Learning (DCCEL) and its center licensors as well as health specialists.

Sometimes we use the term "persons involved with licensing" to acknowledge the important work of agencies other than DCCEL in the licensing process.

The Fire Marshal's Office operates out of the "Fire Protection Services Division" of the Washington State Patrol. "Deputy fire marshals" inspect centers for compliance with fire regulations or authorize local representatives such as your local fire department to do so.

City or county offices oversee building, zoning, planning, and land use regulations. Your licensor can tell you who to contact in your area.

Must vs. Should vs. Might

As we mention in the introduction, the guidebook is interpretive, not regulatory. To avoid confusing the reader as to required versus suggested actions, we tried to choose our words carefully.

Some of the points we make in the guidebook repeat WAC requirements. These items are often accompanied by the words "must," "have to," or "are required to." In a list, we show required actions with a star (*).

Most other points we make in the guidebook are best practice suggestions. These are not requirements. We note the important contribution of these practices to program quality by using the term "should."

Finally, many of the points in the guidebook offer:

(1) Policies and procedures some centers have found useful.

(2) Alternative ways to meet a requirement.

Since these suggestions are optional, we use words like "might," "could," "might consider," or "may want to." Sometimes the guidebook uses a round bullet (•) in lists to show items that are suggested rather than required. Sometimes we set off suggestions from the main text in their own "suggestion box." Suggestions can be found by the symbol indicated below.

"suggestion box."

Parent means the child's primary custodian away from the center. A "parent" may be single, married, unmarried, male, female, stepparent, grandparent, foster parent, or guardian.

Initial License

RCW 74.15.120 permits DSHS to issue an "Initial," or temporary license to a center allowing reasonable time for the center to obtain full licensure. The issuance of an initial license most often occurs during a new center's start up period. Some existing centers having trouble meeting minimum licensing requirements may also receive an "initial license." The department issues initial licenses for periods up to six months and can renew this type of license. The total "initial" period cannot exceed two years.

Record; Documentation; In Writing

In some places, WAC requires the provider to record certain events. In others, it requires "documentation" of events. In still other places, it requires certain information be "in writing."

These all mean essentially the same thing. Required proof of program policies, procedures, and practices must be in writing. The licensee must keep this proof on file in the center. The appropriate party (director, parent, staff person) should sign and date documents verifying a certain action has taken place.

For your own protection, it is wise to keep dated notes on all significant events affecting your business. These notes may be phone conversations with your licensor or conferences with a staff member or concerned parent.

The licensor and provider may agree on alternative record keeping methods. For example, the provider may want to keep records in a language other than English.

Resource and Referral

One of the sources of information for providers we frequently mention in the guidebook is Resource and Referral. You might know it to as "R & R." Your local child care Resource and Referral is part of a network of agencies providing services for most of the state. It is a community-based support service for parents and providers. (See the Resource section of this guidebook for the address and phone number of your local child care Resource and Referral agency.) Services these agencies provide vary, but among the standard services, they:

- Maintain a data bank of licensed child care providers in the community, based on information licensors and providers give them.
- Provide parents with information about licensed child care available in their area.
- Provide training for child care providers and parents.
- Maintain a resource library of local training opportunities, persons, and agencies offering various child services.
- Identify areas where there is a greater need for more child care of certain types.
- Work with DCCEL to increase the number of licensed providers.
- Provide support services for employer-based child care.
- Distribute newsletters, provide meeting space, and maintain a lending library for providers.
- Develop substitute teacher lists for providers.

Revised Code of Washington (RCW)

RCW means the laws (statutes) passed by the Washington State Legislature. In cases where you need RCW information to interpret the meaning of a licensing requirement, the guidebook provides this information.

School-Age Child

Care for the school-age child is usually before and after school care, except during summer or school closure periods. The new regulations define a school-age child as "a child five years of age through twelve years of age enrolled in kindergarten or an elementary school." Whether a child is "preschool" or "school-age" depends on a combination of school enrollment and age. Children may be five years of age and considered preschoolers because:

- Their parents decided to delay kindergarten entry.
- The preschool includes kindergarten in its program.
- They are developmentally delayed or fit better in a group of younger children.

A four-year-old child gaining early entry into kindergarten is defined as a preschool child until turning five.

Children 13 years of age and older can receive care in a center only by waiver. DCCEL will consider these waiver requests on a case-by-case basis. DCCEL will base its decision on the child's developmental needs and the center's program structure.

Waiver (Also referred to as Exception)

A waiver is written DCCEL authorization for a provider to satisfy a licensing requirement by means other than WAC specifies. For DCCEL to grant a waiver, the proposed alternative must be consistent with the spirit of the WAC requirement.

The provider begins the waiver process by sending a written request for a waiver to the licensor. In the request, you should explain:

- What WAC requirement you are requesting to be waived
- What you propose to do that is different from the licensing requirement.
- Why the alternative method is necessary or desirable.
- How your proposed method is safe and developmentally appropriate.
- How the alternate method satisfies the intent of the licensing requirement.

Your licensor reviews the waiver request and submits it to a supervisor for approval or denial. The center must keep on file written documentation of all approved waivers. DCCEL grants time-limited waivers for varying periods, but for no longer than the current licensing period. DCCEL cannot waive anything a statute (RCW) requires.

RCW MEANS THE LAWS (STATUTES) PASSED BY THE WASHINGTON STATE LEGISLATURE.

WAC MEANS A DEPARTMENT'S ADMINISTRATIVE RULES, POLICIES, AND PROCEDURES FOR IMPLEMENTING THE RCW.

In a few places, the WAC says "department-approved" alternatives to the requirement are possible [for example, WAC 388-295-0050]. Your licensor can approve these alternatives (sometimes in consultation with your health specialist). You must still describe in writing the approved method of compliance, signed by the licensor, and keep it on file at the center.

DCCEL cannot waive local ordinances. Such ordinances may include zoning and land use requirements or local fire and building code restrictions. Your licensor can identify some local requirements. It is your responsibility to follow local regulations or gain the necessary conditional use variances. DCCEL also cannot waive requirements that other departments regulate.

Washington Administrative Code (WAC)

WAC means a department's administrative rules, policies, and procedures for implementing the RCW. For example, DSHS adopted Chapter 388-295 WAC (child day care center minimum licensing requirements) under the authority of Chapter 74.15 RCW.

When DCCEL writes WAC, we consult with persons involved with licensing, educators, providers, consumers, and other child care professionals. DCCEL also receives community input through public forums and hearings. WAC has the force of law.

The guidebook refers to "requirements," "standards," and "regulations." These terms mean the same thing. They refer to policies and practices WAC requires.

Your licensor may sometimes refer to the "MLRs." This is short for "minimum licensing requirements." It is another way of referring to the child care center WAC.

Chapter 2. WAC 388-295-0020, 388-295-0040, 388-295-0060, and 388-295-0055

Who Needs a License, and Who Does the Licensing?

Do I Need a Child Care License?

In general, the answer is "Yes," if you provide care for children unrelated to you on a regular basis outside the child's home. Some kinds of child care do not require DSHS licensing. In most cases, exempt programs operate under their own guidelines.

Chapter 74.15.020(4) of the Revised Code of Washington (RCW) lists agencies or parties not required to obtain a DSHS license. Included in the list are:

- Relatives
- Neighbors or friends caring for children on an irregular or exchange basis.
- Half-day preschool programs of a primarily educational nature.
- Seasonal programs such as summer camps.
- Hospital sick-child programs that are part of the medical program of a hospital.
- Units of government, including public schools and facilities on Indian reservations or military installations.

See the RCW for a more detailed description of exempt programs. If DCCEL requests, the center must document its right to an exemption. If you question whether the care you offer requires a license, contact your local DCCEL office.

Certification

Agencies exempt from licensing may request that the department certify them as meeting licensing standards. A program

might wish to be certified for several reasons:

- To assure parents of program quality.
- To receive external assessment and feedback on the quality of their program.
- To be eligible to participate in a child care subsidy program or the USDA child nutrition program.

The procedures for certifying and monitoring are the same as those for licensed centers. The annual fee is also the same.

Local Ordinances and Codes

After DCCEL receives a new application, it notifies the local planning authority of its intent to license the center within 90 days. The applicant receives a copy of this letter. DCCEL expects the applicant to work with the local authority to satisfy local regulations. By working closely with local authorities, applicants are less likely to have delays while they wait for zoning variances, conditional use permits, etc.

The Building Code Council in the Department of Trade, Economic & Community Development (DCTED) writes the Uniform Building Code. However, don't misunderstand the term "uniform." Local regulations can (and often do) exceed state standards. In other words, the building code in your area may have tighter requirements than the state concerning type of construction, number of exits, fire doors, handicap access, etc.

The State Fire Marshal's Office, Washington State Patrol, develops WAC fire regulations. As with building codes, local governments can pass more restrictive fire regulations than the state. These may concern alarm and sprinkler systems, number and type of exits, etc.

Land use and zoning regulations usually appear in the form of city ordinances or county codes. Officials who oversee these rules often operate out of the same office as the local building or planning department. Local ordinances and codes may regulate such things as:

- The type of neighborhood where small businesses such as child care centers can locate.
- The amount of outdoor square footage.
- Fencing requirements.
- Placement and type of business signs.
- Number of parking spaces.

One way of locating a center in a residential area is to find property already zoned for nonresidential use. That is one reason some centers share space with churches, schools, community centers, etc.

Your licensor can help you navigate your way through the local regulations. Be aware, however, that DCCEL grants your child care license on the basis of state codes. You must still meet local ordinances and codes. You are liable to local authorities for noncompliance.

YOUR LICENSOR CAN HELP YOU NAVIGATE YOUR WAY THROUGH THE LOCAL REGULATIONS. BE AWARE, HOWEVER, THAT DSHS GRANTS YOUR CHILD CARE LICENSE ON THE BASIS OF STATE CODES. YOU MUST STILL MEET LOCAL ORDINANCES AND CODES. YOU ARE LIABLE TO LOCAL AUTHORITIES FOR NONCOMPLIANCE.

Child Care Subsidy Programs

DSHS provides child care subsidies for parents enrolled in a number of programs. You may request a copy of "Child Care Subsidies, A Booklet for Providers" from your licensor for details about state subsidized care. Also consult WAC 388-295-0030 for details.

Dual Licenses

DCCEL can license a provider for two different types of care. You may want to provide multiple types of care in the same facility. However, you must apply for and obtain a waiver and separate licenses.

To get licenses for multiple purposes, the provider must demonstrate that the different types of care do not interfere with one another. That includes ensuring capacity, group size, staff-child ratio, and program requirements remain in effect for all persons in care.

Chapter 3. WAC 388-295-0060 to 388-295-0080

Application and Reapplication for a License

"Do I Really Want to Do This?"

Starting a child care business is a serious undertaking. It is not a step you can take lightly. Among the things you should consider before proceeding are:

Assets. Are you able to meet setup costs and survive little or no profit for at least six months and maybe years? Are you eligible for a loan? Do you want to rent, lease, buy, or build?

Experience. How much do you know about child care and developmentally appropriate practices? How much experience do you have running a business?

Determination. Are you willing to work long hours? Are you able to accept responsibility and meet deadlines? Are you willing to provide leadership and exercise authority?

Personality. Are you good with people? Do you like children? Are you able to

accept responsibility and meet deadlines? Are you physically and emotionally healthy? Do you handle stress well?

Each year, fifty percent of small businesses fail. In some cases, new centers fail due to a poor understanding of start up costs and annual operating expenses. To help you succeed, here are a few things to keep in mind. We offer this list, not to discourage you from entering the field of child care, but to help you make a better decision. For additional free advice, contact your local Business Assistance Center (see Resource section).

Setup Costs

Setup costs are more than buying equipment, furnishings, and supplies. You will likely have to start making monthly payments on the property before you open for business. You may have to make first and last month payments plus a damage deposit. Some business accounts also will require a deposit.

You will need to hire some staff or other workers before the center opens. Keep in mind, also, that the time you spend getting the center ready to open may interfere with other employment.

Renovations can be a major expense. Parts of the facility may not satisfy licensing requirements or may not provide the kind of environment you want for children. The licensing process can also delay your opening date, increasing your start up expenses.

Finally, if getting started included a "start up" loan, your monthly budget must meet interest payments on the loan. Also, sooner or later you're going to have to reduce the principal.

Projection of Income from Tuitions

Rarely do centers reach capacity their first year. It is not uncommon for a center to take two to three years to exceed operating expenses. By that time, a quality program establishes a word-of-mouth reputation in the community. In the meantime, you will likely have a period where you are not fully using your space. You may also have too many employees for the number of children you serve.

Even when you are at full enrollment you cannot simply multiply your monthly tuition by your capacity times twelve months. You might have:

- Temporary vacancies.
- Discounts for families with more than one child in your center.
- Children whose subsidized care is different from your normal tuition.

- Some families unable to pay tuition in a timely manner.
- A tuition reduction for months when families are on vacation.
- A drop in enrollment during the summer.

A good rule of thumb is to estimate tuition income at no more than 85 percent of capacity.

In setting up your first year operating budget, a good question to ask yourself is:

"If the center only operates at 50 percent enrollment for the first six months, do I have enough capital to meet expenses?"

If not, you may want to rethink the size of your first-year program or consider going to a lender for a business start up loan. Waiting until you're short of money before you start looking for more is not good business.

Staff Costs

You pay more for staff than the sum of their salaries. For example, you need to consider:

- The cost of fringe benefits such as health insurance.
- Paid employee absences for vacation, sick leave, or "professional days."
- You will probably have to hire substitutes to maintain staff-child ratios.
- Taxes. First-time employers may not be familiar with unemployment insurance or worker's compensation rates, but they soon find out. Don't overlook that FICA deposits for social security are twice the amount they withhold from employees' paychecks.

Employers deposit most taxes on a quarterly rather than a monthly basis. This might mislead the unwary employer about how much money they have in the bank after depositing their June tuitions.

A rule of thumb for employee expenses, not counting substitute costs, is to add 15 percent to base salaries. Enlisting the aid of an accountant to help set up your record keeping system may save you time and money. You may also wish to consult with or retain a lawyer for legal advice.

Operating Costs

Consider the normal "life expectancy" of appliances, equipment, carpets, etc. Figure that at some point the roof will leak, the furnace will need repair, the building will need paint, the water pipes will burst, etc. Don't think that once something is bought it lasts forever.

You may need to lease a dumpster, or at least pay a commercial garbage hauling fee. Don't forget to plan for minor expenses like garbage removal.

Check the utility costs for the building the preceding year, especially during the winter months. Don't make the mistake of estimating utility bills from summer months.

Liability insurance for child care can be expensive. It may "sneak up" on you because it's not a monthly expense. It pays to shop around for the best price, or get your insurance through a child care organization's cooperative plan. Having adequate insurance coverage is essential.

Check with providers in your area to get a sense of what they budget for maintenance, utilities, insurance, supplies, equipment, and food.

Doing Your Homework

It pays to check which areas in your community need extra child care, the types of care most needed, and the rates families pay in your area. Try to discover how many existing centers are in your area and whether they operate at full capacity. Good sources for this information are other providers in your area and Resource and Referral. Your local planning office can also give you a sense of where families with young children are located, income levels, and principle employers. You might contact major employers, local schools, and churches in your area about what kinds of care are needed in the community.

Having gathered this information, you are in a better position to decide:

- The general area in which you would like to locate.
- If there is a need for a center in your chosen area.
- How many children and what ages you want to serve.
- What hours you should plan on being open.

An established program will attract customers through its reputation. A newly opening center, however, is more likely to succeed the closer it is to:

- *Where people live.*
- *Where people work.*
- *The route people travel from home to work.*

Selecting a Site

In evaluating a possible site, there are many factors to consider. For example:

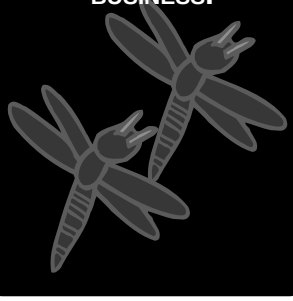
- Is the site safe? Are fire, police, and health services accessible?
- Is the area zoned for child care? If not, is a conditional use permit likely?
- If you plan to lease the facility, is the owner willing to allow necessary renovations? Who will pay for them? Is the lease renewable?
- Is the rent or monthly payment affordable? What utilities and services will you have to pay? What were the utility bills last year? Who will be responsible for maintenance and repairs?
- Does the building have the inside spaces to offer the kind of program you want? Does it have adequate kitchen facilities, toilets, and sinks?
- Do the spaces intended for child care meet building, health, fire, and child care regulations? If not, what would be required to bring them up to code?
- Is sufficient outside play space available? Is it fenced?
- If you are planning to share the space, what restrictions will affect your use of the space? How much equipment must you regularly put away? How often?

Unfavorable answers to the above items can raise the difficulty of getting licensed. They can also increase the time or cost of start up, perhaps to the point you will want to keep looking.

When you think you have a suitable site (and before you sign a lease or closing papers!) Contact someone involved with licensing. They can help you decide whether the site can meet licensing requirements or what structural changes might be necessary. Possibilities:

- The orientation sessions for new providers are an excellent place to raise questions and concerns. Attendance at orientation is part of the licensing process.
- Consult with other providers in your area. They have learned from experience the answers to many of the questions you might have.
- If you have specific questions, a licensor, health surveyor, local fire official or deputy fire marshal can give you advice over the phone.

UNLESS A CENTER OBTAINS NON-PROFIT STATUS, IT IS CONSIDERED A FOR PROFIT BUSINESS.



Profit or Non-profit?

Providers often joke that all centers are non-profit, whether they like it or not. However, when a center files to become officially a non-profit corporation, it must reinvest all money left after paying business expenses.

Unless a center obtains non-profit status, it is considered a for profit business.

Advantages of non-profit status:

- Eligible to apply for federal and state tax-exempt status. After both are granted, you don't have to pay state sales tax.
- Eligible for grants or loans from a wider range of organizations.

- Eligible for USDA food program (if granted tax-exempt status).
- Organizations and individuals are more likely to donate to a non-profit organization since their contributions are tax-deductible.

Disadvantages of non-profit status:

- Requires incorporation.
- You have less control of your center, since many decisions and policies must go through a board of directors.
- A certain amount of paperwork is required to take advantage of the tax-exempt status.
- You don't personally "own" the business you started. You don't own its materials either, unless you purchase the materials privately and lease them to the corporation. In other words, you can resign from the corporation, but you cannot sell the business.

For more information, contact a lawyer, an accountant, non-profit providers, the Small Business Administration, the Internal Revenue Service, or the state Department of Corporations. (See Resource section for addresses and phone numbers.)

Time Line for Opening Your Center

You need to plan. There are many steps involved in opening a child care center. It is wise to begin planning nine to twelve months ahead of your proposed opening date. Fortunately, there are places to contact for information regarding local, state, and federal requirements you must meet.

Every center is different. The following only roughly describes the process you face in starting your center. Some steps take longer than expected. Some may not pertain to your center.

Sources of Information About Starting a Center

The following offices offer valuable information to all small businesses, including child care centers (see Resource section for contact information):

Federal

- Internal Revenue Service (IRS).
- Small Business Administration (SBA).

State

- DSHS, Division of Child Care and Early Learning.
- Department of Licensing.
- Washington Business Assistance Center.

Local

- City or county planning department.
- Resource and Referral.
- Provider associations.
- Colleges and institutes

THE LICENSORS IN EACH REGION OF THE STATE OFFER ORIENTATION SESSIONS FOR NEW AND CURRENT PROVIDERS.

9-12 Months Prior to Opening

- Contact agencies for answers to questions about starting a business, local child care regulations, local child care needs, etc. Explain what you are thinking of doing. Most information is free.
- Visit other licensed centers in your area for ideas and to help you get a realistic sense of what child care involves.
- Consider consulting with an attorney or certified public accountant who is familiar with establishing small businesses. This contact can start you in the right direction and save you money.

6-9 Months Prior to Opening

- Attend DCCEL licensing orientation. You will get a lot of useful information to help you decide whether to proceed. Come ready to ask questions. Decide whether opening a center is something you want to pursue further.

Orientation

Licensors in each region offer orientation for new and current providers. DCCEL requires you to attend orientation. This will give you important information to guide you through the licensing process.

- Decide whether your center will be a sole proprietorship, partnership, for-profit corporation, or a non-profit corporation.
- Decide what age groups you want to serve.
- Look for a site in a suitable locale that meets local and state licensing requirements. Consider what remodeling or building you might need to do.
- Start to develop a budget. Look at both start up costs and operating costs. Consider whether you need to look for outside funding.

3-6 Months Prior to Opening

- Get information and forms for all federal, state, and local taxes and licenses. Fill them out and file them with the appropriate agencies.

Federal. You can request a "Business Tax Kit" from your local IRS office. This kit gives you all the information and forms you need so you can arrange for the following:

- Employer Identification Number.
- Federal income tax withholding and estimated tax deposits.
- Social Security tax (FICA).
- Federal Unemployment tax (FUTA).

State. The state provides one-step business registration. Contact the Department of Licensing to receive a Master Business License kit. This kit gives you all the information and forms you need so you can arrange for the following:

- State tax registration number.
- Unemployment Insurance tax (regulated by the Employment Security Department).

- Industrial Insurance (regulated by the Department of Labor and Industries).

Local. Local business requirements vary across the state. You may need a city business license. Inquire at your City Clerk's Office. You may need special building, zoning, or occupancy permits. Inquire at your local planning department.

Other

- Begin renovations, if necessary.
- Complete as much of your child care licensing application as possible, including attachments.
- Begin to order materials and equipment.
- Advertise in your community that your center will soon be opening.

Advertising Your Center

People will only use your center if they find out about it. Get out information about your program where parents of children are likely to see it:

- Your local newspaper.
- The Yellow Pages. You'll have to wait for the next printing for your center's name to appear, however.
- Pediatricians' and dentists' offices.
- Libraries, community centers, fitness clubs, laundromats, and grocery stores.
- Local schools and churches.
- Children's clothing, toy, and book stores.
- Personnel offices of major employers in your community.
- Let other centers know you are opening. They may refer parents to you if they are full or do not serve the age group of a particular child.
- Tell your friends and neighbors to spread the word!

Once you're licensed and open, your local Resource and Referral can refer clients to you. Over time, word of mouth and a reputation for quality care will be your best advertisement.

3 Months Prior to Opening

• Submit your child care license application to DCCEL. You must submit the application **at least** 90 days before you hope to open your center. The 90 days start when DCCEL receives your check for the first year's licensing fee. DCCEL figures the amount you owe based on what you anticipate your center's licensed capacity will be. As of 1992, the licensing fee is four dollars ($4) per child per year.

Some required information in your application may be incomplete at the time of application. For example, maybe you don't yet know who all of your staff will be, or perhaps you haven't finished writing the parent information guide attachment.

- Begin advertising for staff and interviewing applicants.
- Representatives from the State Fire Marshal's Office or local fire officials and Department of Health will contact you to arrange a time to inspect your facility.

You should not submit your application too far in advance. If your facility is not ready, the persons involved with licensing cannot inspect and give you approval within the 90 day time limit. Staff credential and background checks are also part of the approval process. Therefore, you want to make major staffing decisions before the end of the 90 day period. Licensors must verify you have enough furniture, materials, mats, utensils, etc., for the number and ages of children you will serve.

- DCCEL licensors will contact a minimum of three references. References should be persons who are qualified to respond to questions about your ability to run a developmentally appropriate child care program. You need only supply names, addresses (including zip codes), and phone numbers. Licensors will also review any written references you give them, but you do not have to supply these.

0-2 Months Prior to Opening

- Open accounts for utilities.
- Submit staff credentials and criminal history and background inquiry forms to your licensor.
- Double-check with your licensor and local planning authority to make sure you have tended to all necessary details.
- Correct deficiencies and furnish statements that corrections are complete.
- Do staff orientation.
- Enroll children.

Keep in mind that many applicants want to be newly licensed between July and early September. These months are the busiest for persons involved with licensing, so the full 90 days may be

necessary to process your application. Calling on August 10th and hoping to open the beginning of September is not realistic.

The licensing process is a step-by-step procedure. Be patient. Give yourself plenty of time. Don't lose heart!

Reapplication for License

DCCEL relicenses centers every three years. You must submit the renewal application at least 90 days before the current three-year license expires. License renewal involves many of the same steps as a new application, including health and fire safety inspections. You must re-submit criminal history and background inquiry forms on all staff and volunteers. You must also resubmit requests for any waivers granted during the prior licensing period. DCCEL will review the request and make a prompt decision.

Some changes to your program are major enough that they require a new application for license. You should submit the new application at least 90 days before the changes go into effect, if possible. Examples of changes in this category are:

* The center is moving to a new location.
* The person or organization holding the license to operate the center is leaving or selling. This includes change of ownership if the owner is the licensee.

In other words, a license is not transferrable to another person, organization, or location.

Licensed Capacity WAC 388-295-0080

DCCEL determines the maximum number of children that you may care for at any one time. The decision considers input from various agencies involved with licensing:

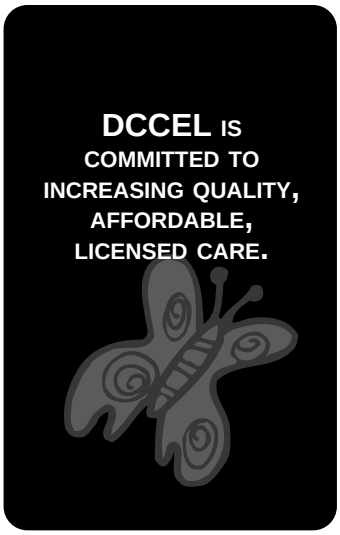
- Health specialists and local building inspectors decide the center's maximum occupancy, based on usable square footage, number of toilets, and handwashing sinks, etc.
- The Fire Marshal's Office may further restrict maximum occupancy. For example, they will not allow a center to have more than 49 children without an automated fire alarm system. They will also require you to install panic hardware (push bars) on doors leading to the outside.

These requirements can also pertain to any facility large enough to serve fifty or more children, regardless of licensed capacity.

- DCCEL then determines the maximum number of children who can be present, considering the program you intend to run. DCCEL bases its decision on such things as the:
  (1) Ages and characteristics of the children;
  (2) Experience of the staff;
  (3) Limits to group size in any one area, no matter how much usable floor space there is; and
  (4) Areas set aside for non-child care purposes (office space, staff lounge, storage area, bathroom, hallway).

The licensor or the provider may decide to have the license valid for fewer children than the maximum number possible. For example, you may plan to enroll only 20 children the first year and wish to avoid paying a licensing fee for a capacity of 36.

Placement of a child in an infant, toddler, or preschooler group does not occur strictly by age. Some 10 month old children are independent and mobile enough to receive better care in a toddler than an infant program. Some children older than two and a half years may not yet be ready for the hubbub of a preschool room.



The decision to advance a child before they reach a certain age or keep a child with a younger group must be a joint provider — parent agreement. These placements do not affect the group size or staff:child ratio requirements for the group in question. Your licensor will contest any placement not in the child's best interest.

"Capacity" refers to how many children are present at any given time on any given day. You might enroll more children than your licensed capacity if, for example:

- Some children do not attend on the same days or at the same time of day.
- You expect a certain number of absences on any given day.

You are responsible, however, for regulating the flow of attendance so you remain within your licensed capacity at all times.

Keep in mind that DCCEL, and the State Fire Marshal's office determine capacity based on state regulations. Local regulations can further restrict a center's capacity (for example, if more outdoor square footage or parking spaces are necessary). These restrictions will not affect the DCCEL-determined capacity, but local authorities can still prosecute or fine centers failing to meet local laws. This is another reason to develop good lines of communication with your local building, zoning, and land use office. Your licensor will also be familiar with some local regulations.

Chapter 4. WAC 388-295-0090 and 388-295-0100

Not everyone applying for a child care license receives one. At the same time, DCCEL is committed to increasing quality, affordable, licensed care.

The inspections by persons involved in licensing will help you meet minimum child care requirements. Consult with your licensor for technical assistance. They can help you with problem solving and suggest community resources to aid you in meeting requirements. Your licensor's goal is to help you maintain and improve the quality of care at your center.

DCCEL cannot suspend or revoke your license without due process. Except in extreme cases affecting the health or safety of children, DCCEL gives the licensee suggestions or instruction on correcting deficiencies. If the licensee cannot or will not comply with licensing standards, DCCEL shall take legal action.

Reasons for Denying, Suspending, or Revoking a License

There are some incidents serious enough that DCCEL considers a single occurrence as grounds for termination or denial of a license. Use of the word "shall" in WAC 388-295-0100 indicates these grounds. There are other situations which may or may not be cause for suspending or revoking a license. In these cases, the licensor can take the circumstances into account. See WAC 388-295-0100 for examples of where we use "may." In these cases, the licensor will decide whether the incident is serious enough to warrant suspension or revocation proceedings. In some cases, the provider may resolve the situation by taking steps to see the condition does not happen again. Repeated problems in the same areas are not acceptable.

Please read these two lists carefully. Also, Chapter 35, "Personnel Policies and Records," describes the criminal history and background inquiry process. That chapter also lists the specific criminal offenses which disqualify a person from being licensed or working in a licensed center.

RCW Dealing with License Denial, Suspension, or Revocation

WAC 388-295-0100 refers to two sections of the Revised Code of Washington (RCW):

(1) Chapter 43.20A RCW describes the rules and procedures governing DSHS; and

(2) Chapter 74.15 RCW describes the rules and procedures governing state agencies responsible for children (including DSHS).

DCCEL includes copies of these RCWs with your licensing application materials.

Most of the details about center licensing, such as application, renewal, and suspension procedures, appear in the WAC. The RCW provides more detail about how DCCEL responds if a center cannot or will not comply with licensing requirements. According to Chapters 43.20A and 34.05 RCW:

- The department notifies the licensee in writing of its decision to suspend, revoke, or deny a license. Notification is by certified mail, states the reasons for the action, and gives details on how to appeal to the Office of Hearings.

- The licensee has 28 days after receiving notification to request a hearing.
- The licensee must make the request in writing, and state the grounds for contesting DCCEL's decision. The licensee must send the request by certified mail.
- Except for summary suspensions or revocations, the center may usually remain open for business during the appeal process.
- When the Office of Hearings receives a request for a hearing, it sets a hearing date. If the Office of Hearings does not receive a written request, the action takes effect.
- At the hearing, a lawyer from the state Attorney General's Office generally accompanies the licensor. The licensee may also have a lawyer present.
- Following a hearing, the Administrative Law Judge normally issues a decision within 30 days.

In some cases, if the licensee meets the licensing requirement before the deadline for requesting a hearing, the parties may suspend the hearing. RCW 43.20A.205 adds that DSHS may act immediately if there is immediate danger to the well-being of children if the provider continues service. In these extreme cases, DCCEL can resort to "summary revocation" or "summary suspension" of the center's license. Then the licensee must stop care immediately. A licensor will not take this step without first consulting with the state Attorney General's Office. The licensee may appeal licensing decisions by contacting the Office of Hearings.

Stringing Pearls

Chapters

Regulations, best practices, and helpful hints about:

Program, Activities and Routines

We come now to perhaps the most important part of the guidebook. This section discusses aspects of a well-run child care center.

A center's written philosophy and goals are the first step. Your center's appearance reflects your philosophy and goals. Play equipment, facility design, and staff interactions carry out your philosophy and goals.

A center's program consists of three ingredients:

(1) THE PLAN. Planning must be consistent with the philosophy and goals of the program and the ages of children enrolled. Staff must be flexible enough to adjust their plans to the individual and changing needs of children.

(2) THE PHYSICAL ENVIRONMENT. The center's equipment and learning materials will help you effectively implement the program plan.

(3) THE SOCIAL ENVIRONMENT. Center staff must treat children in a developmentally appropriate manner consistent with the center's philosophy and goals. The center staff must also coordinate with the child's parents. Parents are the child's primary care givers.

We discuss the plan and the physical environment in Chapters 5 and 6. We discuss social environment in Chapters 7, 8, and 10. Chapter 9 addresses rest periods, evening care, field trips, and transportation.

Chapter 5. WAC 388-295-2010

Activity Program

A center is not only a business and a service to parents, but also a service for children. A child-centered environment consists of:

(1) Staff working closely with children and observing them carefully, following their lead when possible.

(2) Stimulating, challenging activities available throughout the day.

(3) Children choosing activities.

(4) Program scheduling, layout, and procedures that are best for the child.

Needs All Children Share

DCCEL encourages meeting the needs of children in a variety of ways. We encourage centers to offer care consistent with their own personal style and philosophy. Early childhood professionals agree that all child care environments need to respond to the following:

Emotional Needs

Children need opportunities to:

- Feel loved and respected, without having to earn it.

- Feel safe and secure. If they have a problem too big to handle they must be confident that help will be there.
- Feel powerful, independent, and comfortable with their own limits: Willing to take risks without being reckless.
- Be treated fairly.
- Be listened to with respect.
- Make mistakes without feeling shamed or embarrassed.
- Feel secure in what is expected of them and what they can expect from others.
- Learn how to do things for themselves as much as possible.

Intellectual Needs

Children need opportunities to:

- Explore and ask questions.
- Come up with their own answers, in their own time.
- Learn about their world through all their senses.
- Create things and think of ideas.
- Explore the world of fantasy and make-believe: Learn the difference between pretend things and things that are real.
- Use real-life materials and tools in appropriate and constructive ways.
- Be challenged at their own developmental level, whether they are intellectually average, gifted, or delayed.

Social Needs

Children need opportunities to:

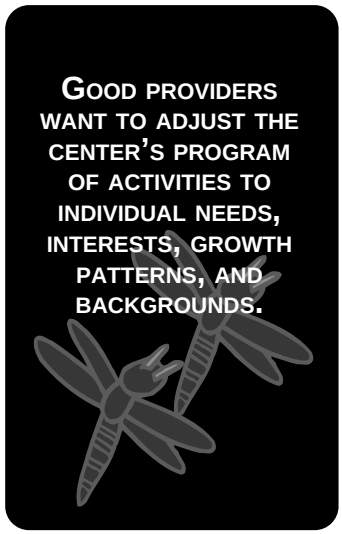
- Feel pride in themselves, their families, and their cultures.
- Interact frequently and comfortably with adults.
- Have opportunities for time alone and time with others, depending on their moods and interests.
- Organize their own activities, and at other times have activities organized for them.
- Learn how to solve problems with other children without using aggression.
- Learn how to cooperate.
- Observe.
- Learn to respect individual, family, and cultural differences.
- Learn about their cultural heritage

and the cultures of others through toys, pictures, foods, books, and positive presentations.
- Learn that rules exist so people can live together comfortably and fairly.
- Learn to accept limits.
- Learn what it means to be a friend.

Physical and Health Needs

Children need opportunities to:

- Move about freely in an environment free from physical harm or disease. Through touch and movement, children express themselves, experience their world, and learn.
- Practice newly developing small muscle and large muscle skills.
- Learn how to take good care of their bodies, so they can keep themselves strong and healthy.
- Have active times and quiet times, depending on their mood and energy level.
- Sit, play, and lie down in a variety of positions and on a variety of surfaces. Examples of hard surfaces include a variety of plastic, wood, and metal chairs, tables floors etc. Soft surfaces include floor cushions, padded chairs, carpets, and soft floor furniture.
- Learn how to recognize, avoid, and respond to dangerous situations.



A Bird's Eye View of Developmentally Appropriate Practices

Effective providers care for children in a way that is sensitive to children's needs, wants, and abilities. We call this responsive care "developmentally appropriate."

What does a "developmentally appropriate" program look like? In chapter 3, the term "developmentally appropriate" has two parts, age appropriate and individually appropriate. A similar division appears in the next two sections of this chapter.

Children develop in stages. For each stage, we describe care for children in that particular age group. Then we discuss the need for providers to know more than just how old a child is. Providers must get to know children as individuals. Good providers want to adjust the center's program of activities to individual needs, interests, growth patterns, and backgrounds.

Infants (1 to 12-month-olds)

Emotional Needs

Infants are developing a beginning sense of trust and attachment. You need to know each of your babies as an individual. Some infants will want lots of stimulation in the

form of play, eye contact, movement, and cuddling. Others may show signs of distress at the same activity.

Infants have a limited number of ways they can signal what they want. They need to know you understand and will respond appropriately. This means noticing a frustrated infant and redirecting them to a new toy or situation. It may mean taking over-stimulated infants off to a quiet corner and holding them close.

Respond quickly and appropriately to a very young child's cries of distress or signals for play. You will then foster a sense of trust in the child.

Infants increasingly recognize familiar objects and people. Having their own crib, blankets, pacifiers, and such is comforting to them. Limit the number of objects and people in the environment so infants become comfortable with them.

Encourage infants in their accomplishments. Help them become competent. When older infants injure themselves or get sad or scared, care givers should provide comfort and sympathy. Then encourage the children to resume independent activities.

Intellectual Needs

During the first six months of life, infants gradually notice the world around them. Young infants are learning all the time. Their curriculum is the interactions you have with them and the things going on around them. Being fed or dressed are learning opportunities for the infant.

Infants are beginning to follow objects visually. They will start to reach for objects that are colorful and within their visual field.

Infants are sensitive to sounds in their environment and will try to locate the source. Soft, soothing sounds can calm an infant. Harsh or sudden noises will produce frightened or startled responses.

Before six months, infants largely depend on their care givers to provide the opportunities to experience things. Providers carry them to new locations regularly. As infants grow older and become mobile, they can choose more activities for themselves. The provider serves as a partner, perhaps slowly introducing new elements to the activity if the child seems interested.

As children approach their first birthday, they love to put things into containers and then take them out. They also like to stack things and then knock them down. Keep older infants' play equipment down low and in familiar places. They increasingly move about the environment with confidence and purpose.

Older infants start to pay more attention to the names of things like body parts, objects, and people in environment. They are more interested in picture books and stories.

Social Needs

A good provider spends lots of time at the infant's level. This may mean holding them up or sitting on the floor with them. Most infants will look for hugs, smiles, and laughter. They also like laps to sit on and a body to climb over.

Care for infant needs such as feeding and diaper changing becomes a social and teaching occasion. This is especially important since a provider caring for several infants is often busy with what appears as routine maintenance (see also Chapter 19).

Conversation is always interesting to young infants and very important. Researchers in language development show that infants do engage in simple forms of turn-taking even at birth. Remember to talk to infants about what you are doing, what you are going to do, and what is happening around them.

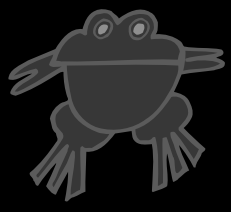
How you speak with infants is important. Talk, sing, and read to young children often. Providers should imitate and respond to the infant's sounds and gestures, treating them as communication. Later, you can take the child's first attempts at words and phrases and expand them into complete sentences and questions.

Play with words and sounds. Develop predictable routines, familiar songs, and personal games. Infants increasingly anticipate and look forward to these events and learn their "role" in the exchanges.

Providers should encourage contact between infants, but providers should also be careful to protect younger infants from the explorations of older, mobile ones.

From gentle "Nos" and patient redirection, older infants learn acceptable actions. This is the beginning of self-discipline.

KEEP TOYS WITH SMALL PIECES, PLASTIC BAGS, AND OTHER POTENTIALLY HARMFUL OBJECTS SAFELY OUT OF INFANTS REACH.



Physical and Health Needs

As infants grow you will notice their periods of alertness lengthening. Time between feedings also increases. Providers will need to continually adjust to the infant's individual feeding and sleeping schedule.

Carry infants, moving about gently. Infants need a chance to exercise their arms and legs. They need to experience varying body positions. They may enjoy massages, tickles, etc.

Infants grasp objects first by accident. Later they begin intentionally reaching for objects they see. Gradually, they notice their own body.

Infants will potentially put anything in their mouth. Providers must take extreme

care to keep objects sanitary and floors clean. They must also keep toys with small pieces, plastic bags, and other potentially harmful objects safely out of infants reach.

Older infants become more mobile, exploratory, and social. They begin to pull themselves up on furniture. They crawl, and climb small stairs and low ramps. They also begin walking with assistance. Providers should encourage exploration, while being watchful to help or protect as needed.

Toddlers (1 to 2-1/2-year-olds)

Emotional Needs

Toddlers need opportunities to explore, be responsible, and make significant choices. Challenge and discipline them in ways that keep their dignity intact.

Toddlers begin to want to do things for themselves such as feeding and dressing. Providers encourage them to do so and are tolerant of mistakes. Providers plan the toddler activity schedule to allow for independence.

Toddlers often respond to situations without being aware of their emotional state. Providers should help toddlers sort out their feelings by giving labels to the times when a child is scared, angry, or proud.

Older toddlers can accept limits. This is the beginning of self-discipline. Behavior management occurs through modeling, redirection, and praising appropriate behavior.

Intellectual Needs

Toddlers view the world with wonder and look to providers for explanations. Providers stand ready to encourage exploration of safe situations and discourage exploration of unsafe ones.

Toddlers do things for the sake of doing them, not to get them done. Once they complete a task, they often start all over again.

Toddlers love books and songs, especially old familiar ones. Providers read to toddlers regularly, often one-to-one with the child on their lap. They discuss pictures and provide words.

Toddlers use art materials for the physical and sensory experience. They do not represent objects or produce a product. Asking toddlers to explain their drawings is inappropriate.

Toddlers enjoy lots of cheerful pictures at their eye level. Realistic pictures of animals, people, and familiar objects will draw their attention and encourage language. Pictures of the children and their families on display help bridge the gap between home and the center.

Social Needs

Toddlers' speech is developing rapidly. Providers listen carefully and with interest to what toddlers have to say, repeating and expanding their messages. Providers realize that toddlers don't always understand verbal messages. They depend more on modeling, practice, and familiar routines.

Toddlers are increasingly interested in their peers, but often play in parallel rather than in coordinated activity. Providers model the type of interactions with others they

want children to develop. Providers step in quickly when there are disputes to provide information, solve problems, or redirect children to new activities.

Providers display play materials down low to encourage toddlers to choose independently. Providers show toddlers how to clean up after themselves. They thank them when they do so, and encourage their cooperation.

Toddlers do not yet understand the idea of sharing. Providers lessen struggles by providing more than one of many play materials and equipment.

Physical and Health Needs

Toddlers are always on the move. They move themselves up, down, and through anything. They also delight in moving anything else they can. They need suitable objects and furniture to practice their rapidly developing large and small motor skills.

Toddlers enjoy sitting at tables and using chairs for activities and meals if you give them child-sized equipment.

Preschoolers (2-1/2 to 5-year-olds)

Emotional Needs

Preschoolers are beginning to learn about feelings. They can learn it is all right to feel silly, sad, and angry. Providers help them be aware of what they are feeling and give their feelings names. They help children feel comfortable with their feelings and find positive ways of showing them.

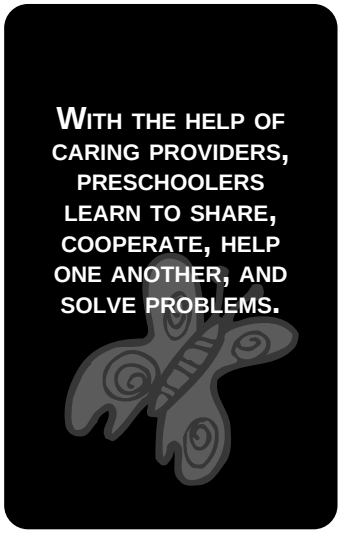
Many preschoolers develop fears. Typical fears at this age include the dark, animals, imaginary beings, sounds, and new situations. Providers address these fears calmly and do not make fun of them.

Preschoolers enjoy surprises, jokes, and celebrations of all kinds. In general they are purposeful, outgoing, friendly, and a joy to work with.

Intellectual Needs

Preschool children are natural explorers. They are eager to find out how things work and why. They ask endless questions and want to share with you and each other their new-found knowledge. Providers are careful to let children discover information on their own and at their own pace. Avoid supplying answers and correcting mistakes.

Preschoolers learn the names for things that interest them, often after hearing the name only once. Preschool children can become experts on topics of interest to them such as dinosaurs. Providers make sure the environment is rich in both written and verbal language. They label different parts of the environment so children can see how words look as well as hear how they sound.



Preschoolers are amazingly aware of their physical surroundings. If providers don't know who a mitten on the floor belongs to, they know the children can probably tell them.

Real and pretend confuse preschool age children. Providers help them sort out the difference. Providers are also truthful with children.

Preschoolers enjoy puzzles and problems. They have lively imaginations and love to pretend, dress up, and create long dramas and stories. Preschoolers love good storytelling, not just having books read to them. They gradually focus less on the pictures in books and more on the images they create in their minds.

Preschoolers' drawings and other creations begin to be image-oriented and purposeful, often with an underlying story or theme. Providers encourage children to talk about what they have done and give them space to display their work.

Social Needs

Preschool children are learning social skills. They are learning how to respect the rights of others. With the help of caring providers, preschoolers learn to share, cooperate, help one another, and solve problems. Over time, preschoolers begin looking to each other rather than providers for opinions and approval.

Preschoolers are beginning to play in groups and develop friendships. Learning how to be a friend is a slow and painful process. Providers are there to help when children's friends tell them "You can't come to my birthday party!"

Preschoolers are learning to respect the rights of others and to use words to settle arguments. These skills take time to learn. Quarrels and fights are a normal part of the growing up process. Providers help children work through their own solutions rather than serving as the judge and jury for disputes.

Preschoolers want more choices of what to do and ways to use their time. They enjoy having the freedom to decide what to do next and whom to do it with.

Preschoolers are learning the power of words and what it means to say you will do something. Providers encourage preschoolers to state their intentions out loud. Providers hold the children to their promises and commitments.

Physical and Health Needs

Preschoolers learn by using their bodies. A program based on worksheets, desk work, and drills is inappropriate.

Preschoolers need lots of active play. They work hard at learning new large motor skills like climbing, skipping, and catching a ball. They also devote a lot of time and attention to mastering cutting, drawing, and sewing. Preschoolers like to use their new-found skills to do things for themselves. They put on their own shoes and socks, zip a coat, wash their hands, or set a table.

Because preschoolers are curious explorers, providers discuss with them safety rules and explain possible dangers. Preschoolers then find it easier to accept the limits placed upon them.

School-Age Children (5 to 12-year-olds)

Emotional Needs

Providers often see the school-age child after the child has put in a long day at school. These children may be noisier, messier, and need more choices than younger children. The school-age child will likely be less tolerant of confusion. They may be more prone to conflicts. They will be hungry! Providers recognize that these children may want many choices of activities. They need spaces that contrast with their experiences in a structured school program.

School-age children are more sensitive to what others think of them. If providers find it necessary to reprimand them, they do so quietly and privately, asking the child to step aside for a moment.

School-age children like predictability. They like to plan, know what to expect, and when to prepare for changes in the routine.

Intellectual Needs

The school-age child is beginning to become an independent thinker. They are good at suggesting improvement in activities for their groups. Games that require skill and strategy are popular.

School-age children are increasingly interested in current events, social issues, and moral dilemmas. However, they also are very sure of their opinions and intolerant of alternative viewpoints. Providers respect their opinions, offer alternative viewpoints, and help them see all sides of an issue.

School-age children enjoy learning how to make things. They enjoy opportunities to work on real projects with real materials and tools. They may be perfectionists and product-oriented.

School-age children become intensely interested in particular topics and in learning more about them. They are now able to read. Reading becomes a powerful liberating tool. They enjoy being more independent with adults. They can read for entertainment or research a topic of interest. Providers recognize that in many areas the children's skills and knowledge is beginning to exceed their own.

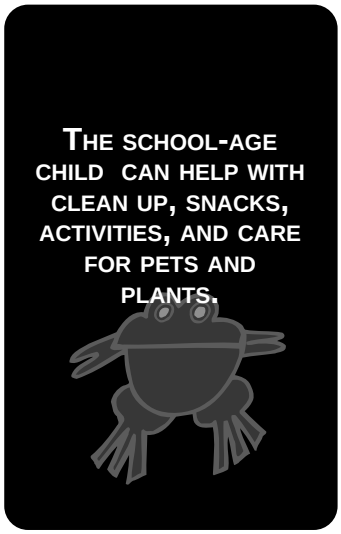
School-age children are increasingly able to regulate their own activity cycles and plan their own schedules. Their concentration level is greater. They may also have homework to do. Providers make sure they have quiet spaces to do their homework if they wish.

Social Needs

School-age children need a sense of belonging. Their sense of personal and cultural identity is becoming more defined, yet they are still highly vulnerable to each others' opinions. Peer approval can be more important to them than that of adults.

School-age children begin to develop lasting and more intense friendships. They may have a best friend with whom they can share personal thoughts and feelings. As they grow older, school-age children develop their own rules about acceptable clothes, music, and vocabulary.

Providers give school-age children a sense that they belong and model the kinds of behavior they expect from them. They greet the children and acknowledge their arrival at the center. They do a lot of active listening and let children solve their own problems. They know when to just listen, when to help solve problems, and when to direct.



Clear limits and expectations are important. School-age children test providers. They count on staff to enforce rules and follow through in a consistent way.

School-age children love competitive games. Providers also introduce a variety of cooperative activities to encourage positive feelings toward the group. Opportunities to organize and participate in group projects are valuable learning experiences.

The school-age child likes to feel important and be helpful and responsible. They can help with clean up, snacks, activities, and care for pets and plants. Providers tell children what a help they are and how they appreciate the jobs the children are doing.

Physical and Health Needs

Most school-age children sit all day in a structured classroom. Physical activity is important for their mind and body. Providers give them lots of space and opportunities to play outside where they can run, shout, and practice large motor skills. Give them a wide variety of outdoor equipment and organized games.

Many school-age children are on the road to becoming accomplished crafters, artisans, gymnasts, cooks, and musicians. Providers show appreciation for children's gifts and support them when they falter or doubt themselves.

School-age children are learning to care for their bodies. They know safe ways of moving, jumping, and falling to minimize injuries. Discussions about hygiene, safety, and nutritious foods are important steps toward developing healthy habits and safe practices. Providers also realize school-age children may experiment with cigarettes, drugs, or sex. Providers talk with children calmly about these issues and share accurate information.

Allowing for Individual Differences in Preferences and Abilities

All children do not develop at the average rate. Keep in mind:

- For many skills, the developmental range in a same-age group may be two years or more.

- You may have individual children with unusual interests or skills outside the age range of the group.
- You may have children with special needs who require special modifications to the environment in order to do certain activities.

In addition, children differ in how comfortable they are with different activities. The provider needs to be sensitive to cultural and individual differences in children's preferences and learning styles. For example:

- Some children learn well by listening. Others need to do something before they understand fully.
- Some children can sit still for long periods. Others need to be free to move about.
- Some children want to be able to do an activity perfectly before sharing their accomplishment. Others are more comfortable with the trial and error approach.
- Some children are very outgoing and outspoken with adults. Others are uncomfortable when an adult is speaking to them or watching them.
- Some children don't like being told what to do. Others need to hear exactly what is expected of them.
- Some children play comfortably in a group. Others prefer to play alone.
- Some children can't wait to crawl into your lap. Others are uncomfortable with being touched.

Children need opportunities to repeat activities. With repetition, children have a better chance to:

- Gain increased confidence, skill, and feelings of achievement.
- Refine and expand their knowledge and awareness.
- Do activities independently.

Repeating an activity should be the child's decision, not the provider's.

Children prefer a choice of activities. Early childhood experts emphasize that child-initiated, child-directed, provider-supported play is critical. A developmentally appropriate program must provide for:

* Activities children can choose and play with independently.
* Free play.
* Individual activities.
* Exploration and creativity.
* Choices.

Children learn best when they choose activities they find meaningful. The provider's role in child-chosen activity is to:

(1) Prepare the environment with a variety of interesting, culturally diverse activity choices that cover a range of skill levels.
(2) Help children find activities they are likely to find challenging and satisfying.
(3) Listen and observe as children play with materials.
(4) Help children's further exploration and learning by:
    - Asking meaningful questions.

- Making suggestions.
- Adding more complex materials or ideas to the situation.

(5) Avoid taking control of the play.

Total group instruction is not a very effective way of teaching children things or handling problems. Most conversations should be with individual children or small groups, so:

- Tailored conversations exist among children and providers.
- Children are more likely to be listening and interested.
- Children have more opportunity to express their own thoughts and opinions to the providers and to each other.

As you can see in the samples we provide, the written version of the activity schedule can be very general. It divides the day into blocks of time and describes what typically happens during those times. Give this written schedule to each family at the time of enrollment. Post it in the center as well (see Chapters 10 and 36).

The written schedule describes a typical day, not what happens every day. Base activity periods on the interest and enthusiasm of the children, not the clock. Special events such as field trips, a special art project, a rainy day, or birthday celebrations will change the schedule of the day. It is, however, good practice to post notices of special events ahead of time for parents' information.

Planning Ahead for Ongoing Activities

If lead providers for each group of children are going to prepare activities that are interesting and age appropriate, they need to devote time to:

- Planning activities ahead of time, consulting with the program supervisor as necessary.
- Coordinating with other staff members about their contributions to the curriculum.
- Making sure all materials and equipment are on hand and in good working order.
- Practicing the activity, so the presentation to the group will be smooth and interesting.

There are disadvantages in making your own sample to show children. They may feel the purpose of the activity is to make a product that looks like yours. Children are often disappointed in their own product compared to yours.

Daily Schedule

7:00 – 7:30	Center Opens, Breakfast, Greetings
7:30 – 9:00	Free Time
9:00 – 9:30	Circle Time, Songs, Stories, etc.
9:30 – 9:45	Snacks
9:45 – 9:50	Wash Up
9:50 – 10:50	Small and Large Muscle Activities
10:50 – 11:45	Group Activities
11:45 – 12:15	Lunch
12:15 – 12:30	Getting Ready to Rest, Mats Out
12:30 – 1:30	Quiet Time or Nap Period
1:30 – 3:00	Free Time and Outdoor Play, depending on the weather
3:00 – 3:15	Circle Time
3:15 – 3:30	Snacks
3:30 – 4:30	Group Activities
4:30 – 5:00	Free Time, Coloring and Painting, or Stories
5:00 – 5:30	Center Closes, Farewells

NOTE: ALL CHILDREN NEED TO BE PICKED UP NO LATER THAN 5:30 p.m.

Activities in the center include the following:

pre-reading skills	playdough
art activities	cutting
singing	gluing
puppetry	cooking
field trips	music
special visitors	stories
nature walks	dancing
games	and more

Each month parents can read the Newsletter and Calendar for a schedule of planned activities.

Present activities so children exercise their own imagination and creative abilities. Let them know that it's okay that what they create looks different. Express appreciation for the range of ideas and abilities they express.

Ideas for interesting and age appropriate activities come from a variety of sources. Among the resources your center uses may be:

- Ideas generated in staff meetings.
- Ideas from workshops, resource books, or other centers.
- Activity plans from previous years.
- Curriculum suggestions from the program supervisor.
- Resource and Referral's resource library.
- Local provider associations.
- The public library.
- A local community college or vocational school with an early childhood education program.
- A nationally available set of curriculum materials. Examples are Creative Curriculum, Explorations, the Active Learning Series, or a church-related curriculum, etc. (See Resource section for details) In this case, the activity plan would indicate the planned schedule for introducing various activities from the curriculum packet.
- A teaching model or philosophy offering its own detailed activity suggestions, for example, High Scope, Montessori, etc.

Allowing staff adequate planning time is one way a center can ensure a quality program. Planning time is especially important for the lead providers in each group. You can encourage lead providers to spend time planning activities by including time specifically set aside for this purpose in their work schedule. For example, you might:

- *Pay them to work eight hours a day but have them be in charge of children seven hours.*
- *Free them from child care responsibilities during some portion of the day. For example, give release periods during lunch time, outside time, or nap time. Make sure, however, that you maintain staff to child ratios, either by using substitutes or with existing staff.*
- *Schedule time each week for the full staff in charge of a group to meet for at least half an hour.*

Lead providers will often spend generous amounts of their own time planning projects, gathering and making materials, and practicing activities. Keep in mind:

- *These preparations are vital for them to perform their job well.*
- *Children would suffer if providers neglected these duties.*
- *They deserve to be compensated for all services they perform.*

Avoid planning or preparation time in a nap room. Staff in charge of a group of napping children are responsible to the children. On any given day, there is no guarantee that all the children will rest quietly. Therefore, the provider may not be able to do any of their own planning or activity preparation during that time.

Television

Television can be a positive and appropriate part of your program. Use it wisely and sparingly. Programs that are worth viewing should:

- Have educational as well as entertainment value.
- Encourage worthwhile values and beliefs.
- Add to children's understanding of themselves and their world.
- Present men and women from a variety of ethnic groups as competent.
- Cover content and themes which children have an opportunity to explore more actively in other parts of the program.

TV is inappropriate for infants and toddlers.

Some guidelines for TV use in your center:

- Use at appropriate times.
- Turn on the TV only when a program is a planned part of your curriculum.
- Turn the set off when the program is over.
- Don't use TV as a baby-sitter or as a substitute for large motor activities on rainy days. Set a center policy on the total amount of television time you allow per week.
- Always watch the program with children, and follow up with a discussion afterwards.
- Monitor use of video games.

ALWAYS WATCH THE PROGRAM WITH CHILDREN, AND FOLLOW UP WITH A DISCUSSION AFTERWARDS.

If possible, videotape the program ahead of time. This allows you to:

- Preview the material to make sure the content is suitable for your group.
- Stop the tape at different points or save the rest of the program when the group loses interest.
- Wind past the commercials at viewing time.
- Make the program part of your center's curriculum resources.

Documenting Ongoing Activities

Written evidence of activity planning in a high quality program helps staff:

- Assure themselves, the director, parents, and the licensor that the program reflects the center's philosophy and goals, and meets the full range of children's needs.
- Benefit from past successes and failures. There is always room for improvement in any program.

A licensor cannot be at your center every day to see the program you offer children. The provider must have available for inspection written records which indicate what activities the center has:

* Introduced recently.
* Planned for the present time period.
* Planned for the days ahead.

A licensor can look at your written plans, materials you set out, and the activities going on, checking that the activities you planned are:

- Adequate to meet the full range of children's needs.
- Actually taking place.

Licensors will want to see enough evidence of activity planning to decide whether the center is fulfilling its stated goals.

The form of the activity record plan will vary. You may want to use:

- A wall chart for the week or month.
- A clipboard with pages divided by times of the day or activity areas.
- A large, desktop monthly calendar.
- A teacher planning calendar book.

Whatever form your planning records take, they should indicate the date and which group the plans are for.

One of the program supervisor's primary responsibilities is to help staff plan activities. The program supervisor should be available to assist staff in:

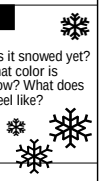
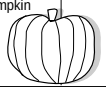
- *Locating resources for activity ideas.*
- *Planning activities and an activity schedule appropriate for a particular age group.*

STRINGING PEARLS SAMPLE ACTIVITY SCHEDULES

Toddler's Weekly Activity Schedule & Lesson Plan

	MONDAY	*TUESDAY*	*WEDNESDAY*	*THURSDAY*	*FRIDAY*
9:00 am Group Time Activities	*Stories "Raffi" Songs* 	*Stories "Sesame Street" Songs*	*Stories "Goldilocks" Songs*	*Stories "Three Little Pigs"*	*Stories "Raffi" Songs*
9:30 am Large Motor Activities	*Dancing Round-in-the-Circle*	*Exercise Wiggle Wobble*	*Dancing Balance Beam*	*Exercise Zoom Tube*	*Doncing Round-in-a-Circle*
10:00 am Language Skills	*Picture cards Parts of the Body*	*Picture cards Numbers* 	*Picture Cards Parts of the Body*	*Picture Cards Happy -Sad Faces*	*Picture Cards Colors and Shapes* 
10:30 am Table Top Activities	*Legos Toys*	*Waffle Blocks Toys*	*Transport Toys*	*New Giant Blocks Toys*	*Blocks and Cars and Puzzles*
12:00 am Story Time Buggyrides	*Climber Buggy Books*	*Climber Buggy Books*	*Climber Buggy Books*	*Climber Buggy Books*	*Climber Buggy Books*
12:30 – 2:30 pm			*QUIET TIME*		
3:30 pm Arts and Water Table	*Chalk Coloring Happy Faces*	*Crayons*  *Sunshine Moon Star*	*Playdough*	*Finger-paint Markers*	*Crayons Chalk*
4:00 pm Sand and Water Table	*Waterplay Riding Toys*	*Rice Climber*	*Balance Beam Birdseed*	*Bubbles Climber* 	*Shaving cream Riding Toys*
4:30 pm Group Time Activities	*Dress-up Hats and Clothes*	*Flannel Board Animals*	*Bubbles Stories*	*Sing-a-Long Flannel Board*	*Dress-up Hats and Clothes* 

Monthly Activity Schedule for 5 yr. old group

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1 Find some leaves to play in. Feel them–are they soft? Squishy? Hard? 	***2*** Does your family have an emergency escape plan?	***3*** Donate some food to your local food pantry.Why is it important to help other people?	***4*** Fingerpaint. What happens when you mix different colors together?	***5*** What can you do to make the air cleaner for yourself and for others?
8 Don't throw away old pots and pans–they make great musical instruments	***9*** What did you do special today? Clap for yourself–you're a special person!	***10*** Play follow the leader with a long piece of string or yarn.	***11*** What can you bake in a muffin tin? (Besides muffins or cupcakes)	***12*** Look in the newspaper for something special to do this weekend.
15 Look out the window. What's going on outside today?	***16*** Learn a new fingerplay. 	***17*** Wear something with stripes going up and down or across.	***18*** Have you set out bird seed for winter birds?	***19*** Play ball with a rolled-up pair of socks.
22 Get up close to a cold window and breathe on it. What happens?	***23*** What kinds of clothes do you wear at this time of year to keep you warm?	***24*** Wear red and green today. Can you find other objects in these same colors.	***25*** Pour oatmeal into a large pan or lined box to make an indoor "sandbox."	***26*** Has it snowed yet? What color is snow? What does it feel like? 
29 Recycle paper towel tubes:Paint in bright colors and hum through it–a noisemaker!	***30*** Draw a face on your pumpkin using colored markers–this is safer and cleaner than carving.	***31*** How much does your pumpkin weigh? 		

PRESCHOOL ACTIVITY AREA

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
ART	Collage, out of paper scraps Goal: develop small motor skills and creative expression	Playdough vegetables / Shapes Goal: develop small motor skills, classification	Finger painting Goal: creative expression, sensory activity	Lacing strawberry basket Goal: develop eye-hand coordination, small motor skills	Sponge painting Goal: creative expression
CIRCLE TIME	Flannel board story Five Little Valentines Goal: develop language skills	Finger play "Where is Thumbkin" Goal: develop language skills	Poem– "I Am a Top" Goal: large motor development	Talk about children from different cultures Goal: multicultural development	Flannel board story "Monkies on the Bed" Goal: develop language skills
MUSIC	Song: Paper of Pins Goal: develop language skills	"Shake My Sillies Out" Goal: develop large motor skills	Learn La Raspa, a Mexican dance Goal: multi-cultural develpment	Snowflake song Goal: creative expression	"Head, shoulders, knees and Toes" Goal: develop language skills
TABLE ACTIVITIES	Water table: washing dishes, tension relief. Goal: sensory experience	Cooking banana bread Goal: Cognitive development, temporal ordering	Make a group card for a child in the hospital Goal: social development, maintain social bonds with child	Bean bag game, throw in rings Goal: develop large motor skills	Making jello Goal: to develop cause and effect learning, foster initiative
STORY	"The Circus Baby" Goal: language development	"Blueberries for Sal" Goal: language development	"What Whiskers Did?" wordless book Goal: develop language fluency	"The Snuggle Bunny" Goal: emotional competence	"Whistle for Willie" Goal: Multi-ethnic development
CIRCLE TIME	Lotto game: seasons Goal: cognitive development of grouping skills	Set up Montessori Cylenders Goal: Practice separated ordering	Dropping beans in bottle with tweezers Goal: fine motor development, eye-hand coordination	Animal Lotto Goal: matching skills	Use balance scale to measure quantities Goal: provide practice in matching

- *Deciding how and where to set up an activity.*
- *Acquiring necessary supplies.*
- *Evaluating the success of the activity afterwards.*
- *Maintaining the program activity plan records.*

It is useful to hold onto your program activity records for a full 12 months. That way, your program records can become a good resource for the staff a year later, providing valuable ideas about:

- *Seasonal activities.*
- *Specific topics children enjoyed learning about.*
- *Great art projects or terrific science explorations.*
- *Interesting field trips or visitors.*

The activity plan serves as a handy list of shelf activities, group games, books, songs, art projects, cooking projects, etc., that help children explore a topic. The notes are more valuable if:

- There are indications of the success of the various activities and how to improve them.
- They are self-explanatory.
- You store a diagram, stencil, or sample with the materials. A picture is worth a thousand words.

Keep a file on different themes and subjects.

Over time, the program activity records become a better and better curriculum resource for staff. This makes the program supervisor's job easier. It also helps to make the program richer and more developmentally appropriate.

Transitions Between Areas and Activities

Adjusting the curriculum to the needs of children means not only offering the right activities at the right time, but also allowing enough time for children to do the activities. Infants and toddlers determine the pace and length of activity .

A well-planned activity schedule gives children time to settle into activities and pursue their interests fully before they clean up and go to the next activity. If an activity is new, allow extra time to set it up and introduce it to the children.

As much as possible, allow children to pursue their interests without interrupting or hurrying them. There are times when the group as a whole needs to move on to a new phase of the day. There are ways you can make these necessary transitions easier for children:

- Tell the group in advance when the activity will end and what comes next.
- When it is time to move on, give children a chance to repeat what they are doing one more time before requiring them to stop. Avoid stating "That's all!" Give a warning signal, such as:
  "You have one more minute."
  "One more time."
  "When you are finished, please put your things away."
  "This will be your last time. Ready? Go!"
- Encourage children who are finished with their activity to help straighten the room or help set up the next activity. This gives children something positive to do during the transition. It encourages responsibility. Tell them how much you appreciate their help.
- Tell children where to go next and what to do when they get there.
- Make sure the area children are moving to is staffed and ready for children.
- Keep the length of time children have to wait or stand in line as short as possible. The best way to get stragglers moving is to start the next activity.
- Avoid overcrowding in one small place. Bathrooms and coat hook areas become congested. Dismiss children who got themselves ready quickly rather than making them wait.
- Keep in mind that one staff member will have to stay in the area children are leaving until the last child is ready to move out.

Consistent routines ensure smooth transitions between activities. Consistent routines also help children go from activity to activity with a greater sense of independence and purpose.

Successful transitions occur when providers go around the room and make a quiet announcement to individual children.

Alternatively, you might want to have a special signal that lets children know a change is about to happen. Your signal might be:

- A song or chant, a guitar softly strumming.
- The lead provider sitting down in the group area, indicating group time is about to begin.
- A small bell ringing once.
- The provider's hand raised with two fingers extended.
- A necklace hanging on the wall, indicating there is room for another child in the art room, block corner, or bathroom.
- A special sign you hang on the wall, indicating the outside play area is now open.

Treat responding to the signal as a form of cooperation. Children responding to the signal quickly and independently demonstrate self-discipline.

Chapter 6. WAC 388-295-2010

Learning and Play Materials

Play is a child's work. Through play, children find out what they can do, who they are, and where they fit into their world. Through play, children have the chance to use their imagination and develop physical coordination. They learn new skills and sharpen their senses.

Providers can make a valuable contribution toward the quality of children's play with gentle guidance. A wide variety of age appropriate toys enhance learning. Toys and materials that meet children's social, emotional, physical, and intellectual needs open windows to their natural excitement for learning.

It is appropriate for children to draw their own pictures and create their own materials. Avoid coloring books and other duplicated pieces. Children working with professional drawings and perfectly cut out pieces are likely to start feeling that their work is inferior. When children do their own work they:

- *Improve their skills.*
- *Use their imaginations.*
- *Take pride in what they can create.*
- *Get ideas from each other about other things they might try.*

Much more varied and interesting products result, and children work at their creations with much more energy and enthusiasm.

Sources of Materials

Good providers are good scroungers. "Developmentally appropriate" does not mean that the material is new, commercial, or made specifically for children. Shop garage sales, make your own. For example, milk cartons you stuff with newspapers and cover with attractive contact paper make excellent building blocks. Let children help. For example, children can sew beanbags, make puppets, or paint backdrops for a role playing activity. Cardboard boxes, strapping tape, paint, and imagination can go a long way. Make use of kitchen items, recyclables, and Tupperware. Button collections can become an excellent sorting exercise or sewing activity. Assortments of nuts and bolts or jars and lids make wonderful matching and fine motor activities.

Other good sources of low-cost or free materials:

- Print shops, paper companies, and many other businesses often have scrap paper of all kinds, sizes, and colors. One of your parents can probably supply you with all the computer paper you want for children's art work.
- Cabinetry or kitchen remodeling shops will often let you have the pieces they cut out when they put sinks into countertops. Securely attach four legs, and you have an ideal child-sized table.
- Woodworking shops or lumberyards will often let you have scraps for free. These are excellent for carpentry or gluing projects. A parent volunteer with a table saw can turn 2x4 and 2x2 scraps into a building block set for the center.
- Picture framing shops have large scraps of sturdy, colorful matboard that are big enough for many of your display needs.

- Get a library card and use it regularly. Libraries and other associations often have book sales, if you want to build your own library.
- Generate a "wish list," and post it where the parents can see it. Ask a parent in your group who is a bargain hunter to shop garage sales. Businesses will donate or sell furnishings and equipment that is still in excellent condition at low prices.
- Companies periodically go out of business or sell off part of their inventory. School districts, private schools, and child care centers sometimes close or sell part of their inventory. These are excellent sources of used materials, including child-sized chairs, tables, and other furniture. Watch the classified adds, go to liquidation sales, and listen for announcements through your local provider association.

Browse through educational supply catalogs, even if you're not intending to buy. You can see what the manufacturers consider developmentally appropriate for different age groups. You might also get an idea about something you can very easily make yourself that will accomplish the same purpose.

Examples of Developmentally Appropriate Materials

Every center will meet children's needs using different materials and equipment. The lists that follow illustrate the range of materials necessary for different age groups. More detailed lists are available from many sources, including licensing orientation sessions. Look around your own center for materials that serve similar functions to the ones we list here. You will create and find other learning and play materials as you read, talk to other providers, and attend workshops.

The divisions by age and category of need in the following lists are only a rough guide. Younger and older children may enjoy the same materials, and a single material can satisfy multiple needs. Consider the interests and abilities of the children before deciding certain materials are appropriate.

Infants (1 to 12-month-olds)

Social, Emotional, and Creative Development

Possible materials include:

- Colorful, simple pictures hanging near a crib or low on the wall. Faces and simple designs are popular.
- Unbreakable mirrors, both small mobile ones and ones mounted on the wall close to the floor.
- Stuffed animals and dolls.
- Toy telephones.
- Short easels with markers or crayons on a short string.
- Favorite object; doll, stuffed animal, blanket, or pacifier.

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Intellectual, Language, and Sensory Development

Possible materials include:

- Objects with different textures such as fuzzy, bumpy, or smooth.
- Rattles with different sounds and shapes.
- Music tapes; classical, lullabies, or children's songs.
- Cloth or sturdy cardboard picture books with realistic drawings of photographs of familiar objects.
- Mobiles.
- Crib gyms (remove when children are about seven months old).
- Busy boxes.
- Nesting cups.
- Floating toys.
- Boxes, tubes, spoons, bowls, and buckets made of cardboard, sturdy plastic, wood, or cloth.

Large and Small Motor Development

Possible materials include:

- Squeeze toys.
- "Put and Take" any container with objects that children can drop or scoop something into and take out again.
- Large wooden cubes to push about and climb into.

- Push toys and pull toys.
- Supervised bucket swings.
- Small stairs, platforms, and ramps. Other furniture and equipment children can safely climb into, over, and under.

Toddlers (1 to 2-1/2-year-olds)

Social, Emotional, and Creative Development

Possible materials include:

- Dolls and stuffed animals.
- Props for dramatic play of home environment; stove, sink, baby carriage, vacuum, or shopping cart.
- Dress-up clothes.
- Hand and finger puppets.
- Plastic, realistic animals, people figures, cars, etc.
- Musical instruments; bells, triangles, rattles, or wood blocks.
- Art supplies; large crayons, washable felt pens, playdough, chalk board with chalk, paints with wide brushes or blunt ends, or low easels.

Intellectual, Language, and Sensory Development

Possible materials include:

- Simple lotto games and matching cards.
- Shape or color sorting toys.

- Simple puzzles with knobs (3-7 pieces).
- Music and story tapes.
- Sturdy, colorful, books with simple stories, few details, and familiar objects.
- Magnet boards with shapes.
- Smelling jars.

Large and Small Motor Development

Possible materials include:

- Large push toys and pull toys.
- Cars and riding vehicles with no pedals.
- Low slide, small steps and ramps, tunnels, supervised bucket swings, or balance beam.
- Low, soft climbing platforms.
- Large building blocks.
- Oversized balls.
- Oversized pegboards.
- Jars with lids to screw and unscrew.
- Large beads or spools for stringing on colorful shoelaces.
- Hammering and pounding toys.
- Stacking toys.
- Water table, sand table (or large dishpans on low table). Kitchen utensils for water or sand play, wisks, cups, funnels, spoons, or tongs.
- Simple housekeeping jobs; dusting, wiping tables, or cleaning windows.

Preschoolers (2-1/2 to 5-year-olds)

Social, Emotional, and Creative Development

Possible materials include:

- Playhouse furniture, pots, pans, or dishes. Occupation boxes; doctor, office, store, or scientist.
- Real housekeeping equipment; small brooms, dustpans, dusters, window washing supplies, sponges, mops, or dishwashing equipment.
- Self-care activities: dressing and tying frames, hair brushing and tooth brushing (individual sets), face washing, or shoe polishing.
- Puppets, simple puppet stage.
- Felt boards.
- All sorts of art materials, including paste, clay, chalk, crayons, charcoal, etc.
- Sandbox and water play.

Intellectual, Language, and Sensory Development

Possible materials include:

- Puzzles of all types (not too many pieces). Matching outlines to objects.
- Color and shape sorting.
- Classifying objects.
- Sequence and before-and-after cards.
- Pattern-making materials: pegs, colored shapes, or stringing beads.

- LOTS of books about the world, people, animals, different cultures, or fairy tales.
- Measuring, weighing.
- Math games; recognizing numerals, counting, or comparing quantities.
- Language games: vocabulary games, concept games, matching cards, rhyming games, sorting objects or pictures by sound, or memory games. Recognizing letters and their sounds, reading labels on objects in the room. Writing names.
- Science materials: scales, balances, magnets, air and water experiments, sea shells, or bones.
- Simple board games: lotto, dominos, picture bingo, or pickup sticks.

Large and Small Motor Development

Possible materials include:

- Balls and sporting equipment of all types.
- Jump ropes, hoola hoops, or stilts.
- Wheeled vehicles with pedals, scooters, wagons, or wheelbarrows.
- Climbing structures, ladders, cargo nets, poles, slides, or swings.
- Large block sets.
- Large set of small, interlocking blocks.
- Scooping, tweezing, pouring, stirring, opening and closing, and polishing activities.
- Cutting, pasting, painting, drawing, copying, tracing, writing letters and words.
- Simple sewing activities.
- Carpentry bench with real, child-sized tools hammer, vise, screwdriver, or saw.
- Cooking projects.
- Gardening projects.
- Musical instruments.

School-Age Children (5 to 12-year-olds)

Social, Emotional, and Creative Development

Possible materials include:

- Dress-up clothes and lots of dramatic, real props.
- Puppets, including shadow puppets and marionettes. (Children can act out their own scripts.)
- Cooperative games.
- Specialized dolls and stuffed animals.

Intellectual, Language, and Sensory Development

Possible materials include:

- Board games of all types, especially those requiring strategy and problem solving.
- Puzzles (50-1,000 pieces). Three dimensional puzzles.

- Audio-visual equipment, blank tapes for own recordings, tape player and earphones, records and tapes of different types of music.
- Science kits and tools, magnets, balances, microscopes, telescopes, prisms, weather kits, or simple chemistry experiments.
- Typewriter.
- Computers with educational games.
- Books. Common interests include fairy tales, myths, animals, contemporary stories about other children, poetry, nature, science, space, and magic.
- Making collections.
- Setting up aquariums and terrariums.

Large and Small Motor Development

Possible materials include:

- Outdoor and gym equipment of all types, especially organized group games.
- Wide variety of art materials.
- Model building.
- Large sets of small, interlocking blocks.
- More specialized tools for working on projects or skill development in carpentry, sewing, cooking, music.
- Games requiring speed, coordination, strategy, and extended concentration.

KEEPING THE ENVIRONMENT SAFE INVOLVES USING AND CHOOSING APPROPRIATE MATERIAL IN GOOD CONDITION.

Safety Issues

The materials in a child's environment should be safe. The younger the child, the more careful one must be. The U.S. Consumer Product Safety Commission lists the following potential dangers you should keep in mind when selecting materials:

- Sharp edges.
- Small parts.
- Loud noises.
- Cords or strings that can wrap around a child's neck.
- Sharp points.
- Toys used to shoot or throw objects.
- Equipment inappropriate for an age group. Pay attention to the manufacturer's age level recommendations.
- Electric or battery-operated toys. Make sure they are "UL Approved" and in good repair. Don't allow children to play with wires or batteries.
- Small toys.

Balloons are pretty and children love to play with them, but keep them away from young children. Balloons are inappropriate for infants and toddlers. Uninflated balloons or pieces

of balloons can easily get stuck in a child's throat, suffocating them. Balloons are one of the leading causes of accidental death in young children.

Keeping the environment safe involves using and choosing appropriate material in good condition. For example:

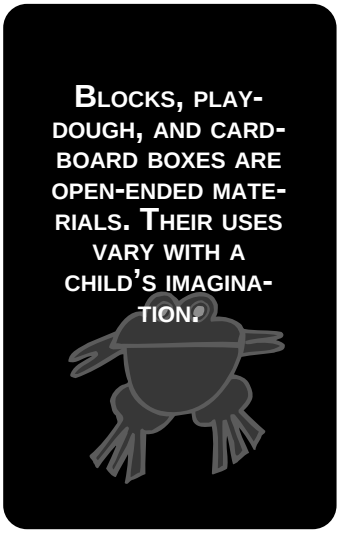
- Allow children to use only equipment designed for their size, age, and ability level.
- Read and follow all warning labels that come with equipment.
- Use equipment in safe places. For example, you should not place a balance beam close to shelves or tables which children might fall against.
- Teach children how to use equipment safely and supervise children's play carefully.
- Check equipment frequently for damage. Items quickly become unsafe.
- Remove damaged equipment immediately. Throw out unrepairable equipment.
- Make sure children use safety equipment such as helmets, knee pads, or goggles when appropriate.

Quantity of Materials

Having a sufficient quantity of materials does not mean having multiple sets of everything. In any quality group setting, children will select their own activities. Having only one of most things in the environment makes those things more special. Children will treat them with more respect. Also, learning how to share and how to wait one's turn are valuable social lessons.

Provide a variety of activities and materials. Having enough materials means:

- All children are busy with something interesting.
- Children have a variety of choices available in each category of developmental needs (see Chapter 5).



BLOCKS, PLAYDOUGH, AND CARDBOARD BOXES ARE OPEN-ENDED MATERIALS. THEIR USES VARY WITH A CHILD'S IMAGINATION.

Multiple Purposes Served by a Single Material or Activity

A single material with many uses meets different developmental needs and interests. Look for materials that are open-ended, meaning there is more than one way to use them. Blocks, playdough, and cardboard boxes are open-ended materials. Their uses vary with a child's imagination.

Likewise, a good activity is one that can meet a variety of needs at the same time. For example, staff might decide to suggest children make food collages after they discuss with them what foods help our bodies grow. This activity continues the

nutritional awareness lesson. It also involves the fine motor skills of cutting and gluing and the thinking skill of sorting foods into categories.

Part of your developmentally appropriate learning and play materials is children's clothing. You should do everything in your power to encourage parents to send children to the center in clothes, shoes, and coats that:

- *Children can pull down and pull up themselves when using the bathroom.*
- *Are not too tight or too floppy for children to move comfortably and without tripping.*
- *Are appropriate for the season and the day's weather forecast.*
- *Parents won't mind seeing come home dirty.*

Remind the parents also to check their children's extra clothes regularly to make sure all items are present, they are the right size, clean, and appropriate for the season.

Display of Materials

Giving children choices means storing materials so children can choose easily and wisely. There are advantages to storing materials on low, open shelves or in stacking bins, clear plastic tote boxes, ice cream cartons, rubber buckets, or other portable containers so that:

- Children can quickly and easily locate interesting activities.
- Children who aren't sure what they want to do can see the choices available.
- All the pieces to an activity stay together.
- Providers can quickly see if certain materials need repair or if parts are missing.

If multiple age groups occupy an area, store materials with sharp, small, or otherwise dangerous parts where younger children cannot reach them.

Having a well-thought out method of storing and displaying materials vastly increases the quality of the program you offer. It:

- Sets an example for children of care and respect for the materials.
- Results in fewer pieces being lost or broken.
- Cuts down on the time staff spend helping children find an activity or its missing pieces.
- Allows staff to group materials into areas, such as language, manipulatives, building, etc.
- Allows children to feel more independent and competent.

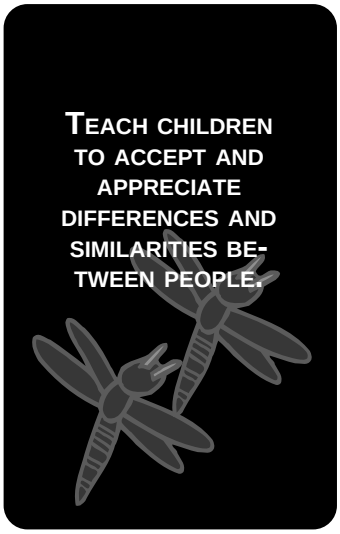
You may want to choose some container other than the original one to put out on the shelf. Open bins, baskets, or trays:

- *Display the materials more prominently.*
- *Are often more sturdy.*
- *Allow children to see the pieces they want rather than dumping the entire contents on the floor or table.*

Use an assortment of plastic and natural materials for containers to add variety and texture to your room. Garage sales are often a good source of containers.

You can put cards and small playing pieces in small baskets or plastic boxes to help keep them together. With older children, band materials together with rubber bands.

You might want to reinforce the corners of boardgame boxes with packing tape or contact paper to make them last longer. Clear contact paper is an excellent way to make paper, cardboard materials, and pictures last longer. They are also easier to clean.



If you want children to return things to a particular place, give them a visual clue where things belong. For example, you could:

- *Put a colored dot on a basket and the same colored dot on the shelf where it belongs.*
- *Cut a picture of the material out of a supply magazine and attach it with contact paper to the outside of the container. As a language experience, write the material's name.*
- *Draw the outline of a hammer on the pegboard showing where the hammer should hang.*

Providing a Culturally Relevant, Anti-Bias Program

A balanced, cultural program is important for all children. It is essential to set the stage through appropriate role modeling. Be aware of the subtle ways we define a person: sex, skin color, how they walk, their clothes, or the way they talk define

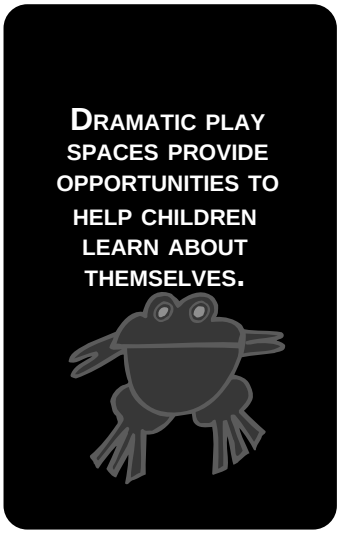
people. Children start developing their attitudes about others and themselves by age two. You can have a powerful positive influence on those attitudes.

Multicultural, nonstereotyping materials and activities:

- Support each child's sense of self and family.
- Teach children to accept and appreciate differences and similarities between people.
- Help children better understand the ways of others in their community and around the world.

Not all materials produced for children are appropriate by modern day standards. You should be especially careful with materials more than ten or fifteen years old. Be a selective consumer. Cut out negatively stereotyped images and stories whenever possible. For example, cover an Indian wearing a war bonnet on an alphabet collage with a different picture.

Look for stories that show children of color and women in urban and professional settings. Avoid Aboriginal images, such as Indians in war bonnets or black children in Little Black Sambo. There are many biographies showing people of color in leadership positions in American history. These are valuable as are stories that show daily living scenes from a positive viewpoint.



There are many types of learning materials that can make children more aware of other people and more comfortable with their own heritage:

- Books should accurately depict men, women, and children of different family types, races, cultures, income levels, and occupations living their daily lives and solving problems. (See the Resource section for some examples.) Older books sometimes contain blatant stereotyping.
- Puzzles, dolls, pictures, and toys representing various cultures and nontraditional male and female occupations.
- Music from various cultures.
- Pictures on display should also represent a diversity of cultures and gender roles. Pictures will mean more to children if you discuss them before putting them up.
- Dramatic play materials can encourage varieties of gender play and role playing of persons in other cultures or with special needs.
- Dolls in the center can be male and female, representing a diversity of the races, cultures, and lifestyles.
- Opportunities exist for children to experience other languages in spoken, song, or written form. Children can learn key words in other languages, including Braille and sign language.

- Offer popular foods of different cultures for snack, lunch, and special celebrations.
- Change the sex of the characters in songs like The People on the Bus or books like Three Billy Goats Gruff.

See the Resource section of this guidebook for possible sources of information and materials.

There are two common mistakes well-meaning providers make in responding to the need for cultural relevancy:

(1) The tourist orientation, showing different peoples only in exotic or stereotyped settings. It is important children see the many things they have in common with people around the world, and in their own neighborhood.

(2) Tokenism, having just one or two items representing a cultural group or a special population. Your program should invite an awareness of other groups through representing them regularly and respectfully.

The dramatic play area is a particularly good place for children to act out their developing awareness of the people around them. To do so, however, they need more than a pretend kitchen environment. Children need the tools, clothes, and spaces. This will allow for experimenting with living and working experiences both inside and outside the home. Children delight not only in dress-up clothes but with puppets for acting out dramatic scenes. Dramatic play spaces provide opportunities to:

- Overcome sexual stereotypes.
- Let children experiment with life in different cultures.
- Help children better understand people with special needs.
- Help children learn about themselves.

The art area also allows children to extend their new-found understandings. Include tan, brown, and black in the paints, crayons, paper, collage materials, and playdough you make available. Use positive and open language when referring to different colors. For example, you can describe the black in a child's drawing as bold, strong, or shiny, rather than calling it dark.

Of course, the greatest influence on children's developing perceptions of themselves and others is the model adults around them provide. All staff members should be sensitive to their own tendency toward stereotyped responses. Be aware when you are more concerned about a girl's rough house play than a boy's, or expecting certain behaviors from children because of the way they dress, look, or speak.

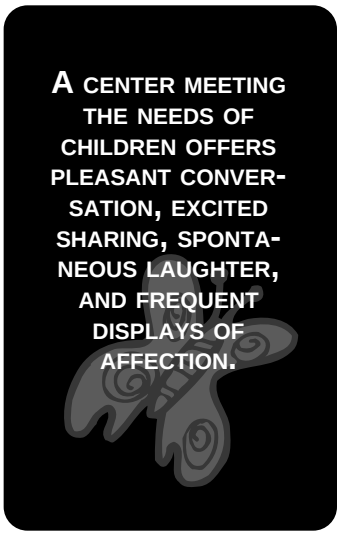
Chapter 7. WAC 388-295-2030

Staff-Child Interactions

Staff-child interactions are the heart of your program. Providing a range of activities and materials is only the first step. The quality of your activities and routines is only as good as the quality of the relationships between staff and children. Observe your program in action, and ask yourself these questions:

- What is the tone of staff communications? Do staff listen and respond to all children with respect?
- How much are children moving around and doing things? How much are children listening to providers or waiting for a turn? Moving and doing are best.
- How often do staff let children choose?
- Does the staff model the behavior they expect of the children?
- How do staff handle minor behavior problems?
- How do staff handle major behavior problems?
- Do providers respect children's different ways of approaching a task? Do providers encourage children to talk about what they are doing?
- Does the staff encourage children to treat each other with respect and to solve problems in a positive way?
- Do right answers come from both children and staff? How are mistakes handled?

The answers to these questions form the center's philosophy. A center meeting the needs of children offers pleasant conversation, excited sharing, spontaneous laughter, and frequent displays of affection.

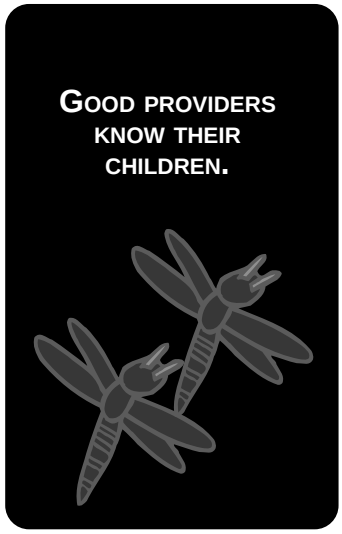


What It Means to be "Nurturing, Respectful, Supportive, and Responsive"

Your staff interacts with children, not just watches them. Providers can express their respect and affection by:

- Listening to what children have to say with attention and interest.
- Sitting low or kneeling.
- Making eye contact.
- Asking children for their opinions or suggestions.
- Giving children choices when possible.
- Observing children's play with interest and occasionally offering suggestions, but being careful not to control children's ideas.

- Speaking with children in a soft, friendly, and courteous manner. Doing so requires getting close rather than shouting across the room.
- Helping children who are restless, unhappy, tense, or bored to become involved.
- Accepting children's moods or their desire not to participate in an activity.
- Touching or holding children in a relaxed, comfortable, nonthreatening manner. Hugs and hand-holding should be used to show affection, not to corral children.
- Smiling and laughing easily and often.



Good providers give more attention to children's positive behaviors than to negative ones. They empower children by trusting them and by letting them do things for themselves. Children's ideas interest them. They are friendly and sympathetic without being smothering. They are interested and energetic participants in children's indoor and outdoor activities. They avoid always standing off to the side and simply watching.

Good providers know their children. They know that a particular infant signals she is getting tired by rubbing her ears. They know two-year-olds need to experiment with saying "No!" They understand that four-year-olds explore the meaning of friendship by alternately including and excluding playmates. They support a particular nine-year-old always giving orders to younger children in your center because of a bossy older brother at home.

Children need to know help is available from the staff if they need it. Children let staff know they need help not only with words but also by the way they stand, move, play, or act toward other children. Therefore, good providers watch and listen to children carefully. Good providers are also sensitive to signs of stress in children (see Chapter 8). They know the warning signs of physical or mental abuse (see Chapter 34).

Good providers are also there physically for children. The younger the child, the greater their need for physical contact. Hold infants frequently. Talk to them in a warm and soothing fashion. Give them lots of individual attention from a consistent caregiver. Toddlers often need a hand to hold, a lap to sit in, or a leg to hug. As children get older, they

need less physical contact, although hugs and warm touches are still very important especially when they are stressed or unhappy. For older children, offer a sense of personal intimacy and security. You do this through smiles, concentrated interest in the children's activity, and conversations that are friendly, relaxed, and encouraging.

In short, good providers care and are responsive!

Encouraging Self-Esteem, Independence, and Creativity

Self-Esteem

You help children develop self-esteem by:

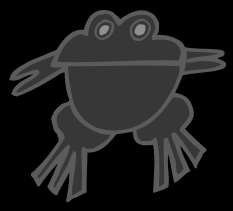
- Giving them responsibilities.
- Respecting their opinions.
- Arranging activities and your environment so children can succeed.
- Respecting children's cultural and family backgrounds.

It is important to help children notice what they can do and that everyone is good at different things. Projects should be open-ended so everyone can experience their own version of success. If children get stuck in one area of play, support them in trying new areas.

Foster children's self-esteem, ability to think, and willingness to stand up for themselves and others. Do this by allowing them to use their intelligence and power. They will then make a difference in their environment. Providers should encourage children to:

- Ask questions about any subject.
- Use their own ideas in problem solving.
- Talk openly with their providers.
- Make choices.
- Have some say in their daily life in the center.

FOSTER CHILDREN'S SELF-ESTEEM, ABILITY TO THINK, AND WILLINGNESS TO STAND UP FOR THEMSELVES AND OTHERS.



Independence

Children like to be able to do things for themselves rather than have someone do things for them. They love to wipe up their own spills and make their own snacks. They also like to draw and cut out their own designs. Solving their own problems offers independence. Children also like to have control over their own bodies. Teach them how to wash their own hands, wipe their own bottoms, blow their own noses, comb their own hair, put on their own coat change their own wet clothes, and tie their own shoes.

Giving children jobs and responsibilities increases their self-esteem and feeling of competence. Organize tasks so children can do jobs successfully. For example, if children are in charge of feeding the hamster, keep the cage down low and put the food in a small container with a scoop just big enough for getting the right amount.

Encouraging independence does not mean abandoning the child. Providers should carefully observe children as they do activities and be available if a child needs help.

Another important step toward independence is teaching children problem-solving skills. Children need help learning how to:

- Cooperate.
- Share.
- Compromise.
- Take turns.
- Let others know how they are feeling.
- Use words to solve problems.
- Express anger in acceptable ways.
- Keep their promises.
- Apologize.
- Walk away from a bad situation.
- Be a friend.

Creativity

Children in a supportive environment show a marvelous ability to do things in new and different ways. Each of us is creative in our own way. To encourage children's creativity:

- Ask open-ended questions.
- Encourage children to ask questions.
- Encourage children to guess, and value close answers or inventive ones as much as exact ones.
- Treat mistakes as valuable learning opportunities.
- Structure activities so there is more than one way to do things or more than one correct answer.
- Point out and appreciate how different children in the center come up with different solutions to the same problems.
- Don't rush to correct or expand everything children tell you or show you. Their excitement in what they have done or learned is more important than perfection.

If children ask questions and you don't know the answers, tell them you don't know, but you will find out. If children want you to show them how to do something you don't know, tell them you don't know. This openness helps children see that learning things is a lifelong process.

Likewise, freely admit the mistakes you make when you're working with children. Your willingness to do so is the best model for children that making mistakes is okay. Besides, they love seeing grownups be the ones who are wrong once in a while.

Treating All Children Equally

Treating children equally does not mean treating everyone the same. It means providers adjust their actions and messages to the individual abilities, needs, and backgrounds of children. It also means providers must not prejudge children's actions, interests, or abilities. Avoid value judgments based on sex, race, religion, culture, or handicap.

Help children see children with special needs as their equal, as differently able, not disabled. Ensuring equal dignity and respect for all children should be the goal. As with any child, too much help or praise is damaging, not helpful. Be available, but figure out ways for them to do things for themselves whenever possible.

As an adult role model, you are also responsible for showing children how they should treat each other. Children sometimes make embarrassing comments such as:

"Why does that man have squinty eyes?"

"She talks funny!"

"Look, her hair's all bouncy!"

"Why can't he walk?"

"See? She can't throw very good, 'cause she's a girl."

It is important that we not ignore the children's comments, change the subject, or answer indirectly. Children need information. They wonder how people get to be different. They wonder which things about themselves will always be the same and which things will change as they grow. They may be fearful of someone who looks or sounds strange to them.

Take advantage of opportunities to discuss with children how people are different from, yet the same as them. Answer questions that arise matter-of-factly, accurately, and with an age-appropriate level of detail. Discuss with children their feelings about different people and about themselves. Provide materials, read books, and organize activities that challenge children's stereotyped ideas. There are many books helping children deal with day to day problems. Stories about being left out, feeling different, and making friends can encourage discussions about how people solve their problems.

If you know a second language, use it frequently with children. Also encourage parents for whom English is a second language to use both languages at home. Reassure them that their child will benefit from using two languages. Exposing their child to the native language helps the child learn to speak two languages fluently.

REMIND CHILDREN ENGAGING IN PREJUDICED BEHAVIOR THAT ALL PEOPLE HAVE FEELINGS, ABILITIES, AND DIGNITY, JUST LIKE THEY DO.

Actively Fighting Prejudice

When you see prejudiced behavior you should act. Two examples are children teasing a child with Down's Syndrome or excluding a girl from a soccer game. Consider taking the following steps:

(1) First, check whether the incident is due to prejudice or to some other factor. Children get angry with each other, say unkind things, or don't want to include someone for reasons besides prejudice.

(2) Remind children engaging in prejudiced behavior that all people have feelings, abilities, and dignity, just like they do. Let them know how much their words and actions can hurt. Help them understand that prejudice influences their behavior.

(3) Discourage prejudice. Children have a right to choose who they want to play with. They don't have the right to make a person feel badly because a child:
- Is a different sex.
- Has a different skin color.
- Speaks differently.
- Uses a wheel chair.
- Dresses differently.

(4) Help children understand how someone discriminated against feels. Help them work through any self-doubts or anger that results. Help them think of effective ways to deal with similar treatment in the future.

(5) If necessary, involve the whole group in discussing how to treat people fairly, kindly, and respectfully. Use books, visitors, trips, role playing, etc., to help children better understand people different from themselves.

(6) If children split into small groups for certain activities, you may not always want to let them choose whom they are paired with. If they spend time with children they wouldn't normally choose, they can learn to appreciate their strengths, weaknesses, and humanity.

THE MORE YOU AVOID PROBLEMS BEFORE THEY HAPPEN, THE MORE CHILDREN AND STAFF CAN RELAX AND ENJOY EACH OTHER.

Chapter 8. WAC 388-295-2040

Behavior Management and Discipline

Being Prepared

Scale the children's environment to their size and thoughtfully arrange it with their needs and safety in mind. Children then develop independence. Staff and children benefit from a more relaxed, tension-free, and comfortable place.

Thoughtful planning will also prevent many discipline problems. Consider the following problems and solutions:

- Problem: Children running indoors. Solution: Arrange the furniture so there are no long, inviting "freeways" down which to race.
- Problem: Collisions in hallways. Solution: Put arrows or footprints on the floor indicating which wall to stay next to when walking in one direction or the other. Or you could dismiss children one at a time rather than all at once.
- Problem: Children nagging staff to get things for them. Solution: Set up well-organized supply shelves where children can get items they need for themselves.
- Problem: Children act up when standing in line or moving to a new activity area. Solution: Reduce the time children stand in line. Make sure a staff member is at the next location before the first child arrives.
- Problem: Children are fussy during morning circle. Solution: Rethink group time. Is it too long? Are there sufficient active as well as passive activities? Are certain activities boring? Would they pay more attention at some other time of day or in smaller groups?

In short, it may not be the children who are causing the problem. It may be the way you arranged furniture or scheduled the day's activities. It's surprising how many times there is a simple solution to what seems an unsolvable problem. The more you avoid problems before they happen, the more children and staff can relax and enjoy each other.

Developmentally Appropriate Expectations

Providers should not expect children to do things they are not developmentally ready for. Nor should providers scold children for behaviors that are normal for their age. Doing so forces children to fail, to feel badly about themselves, and to feel anger toward the provider. Inappropriate expectations also make managing a group considerably more difficult.

Following are some examples of behaviors providers can expect to see in children of different ages. Remember, children are usually just doing what comes naturally.

Infants (1 to 12-month-olds) tend to:

- Communicate their needs through crying.
- Drop things, often on purpose! Then they expect you to pick it up and give it to them again.
- Be messy. It is inappropriate to expect them to pick up after themselves or feed themselves neatly.
- Request that you pick them up and hold them a lot.
- Put everything within reach in their mouth and bite!
- Practice new skills and repeat new experiences with enthusiasm and perseverance. This may be inconvenient for you or dangerous for them. Thus, when they learn to bang things together, they bang everything! When they learn to crawl, they crawl everywhere!
- Ignore oral requests to stop what they are doing. It is inappropriate to discipline or scold an infant for unacceptable behavior.

Toddlers (1 to 2 1/2-year-olds) tend to:

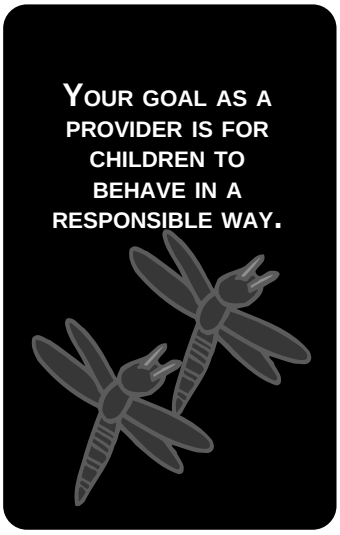
- Endlessly ask "Why?"
- Repeat the same activity many times.
- Say "No!" They say it often!
- Have a short memory for rules or details, requiring frequent reminders.
- Want to do things for themselves, even when they don't have the skills to do so successfully. This frustrates them.
- Get upset by disrupted routines.
- Grab things from another child if they want it.
- Test their physical limits by climbing, running, and pulling themselves up on things, sometimes getting into predicaments.
- Be distracted easily.
- Solve disputes physically because they haven't fully mastered language.

Preschoolers (2-1/2 to 5-year-olds) tend to:

- Increasingly feel they're "all grown up" and know everything. They want to make their own choices and have control over their time, clothes, food, toys, and friends.
- Become social. They spend increasing time playing with each other, getting silly together, and looking to each other rather than adults for approval.
- Have volatile friendships. Two children will be best friends one minute and exclude each other from play or call each other names the next.
- Be sophisticated enough in their language use that they play with words. They mimick other people and experiment with bad language.
- Be curious about each others' bodies.
- Imitate violent, strong role models in their fantasy play.
- Have less need for precise routines or orderly procedures, especially as they turn four and five.
- Begin to develop a sense of personal and cultural identity.

School-Age (5 to 12-year-olds) tend to:

- Master skills.
- Be more strongly influenced by their peers than by adults.
- Take interest in their appearance and what other people think of them. Embarrass easily and are slow to admit that they don't know something.
- Prefer to spend most of their time with children the same gender as themselves. Often they express dislike for the opposite sex.



Positive Discipline

Your goal as a provider is for children to behave in a responsible way. Sooner or later, the discipline you desire must come from within the children, not from you. Discipline and disciple come from the same root word, meaning "to teach." Positive discipline techniques don't just take care of particular problems effectively. They lead to fewer problems in the future and add to the warmth of the environment for the total group.

A trained staff uses a variety of developmentally appropriate management techniques to relate to children in positive, warm, and relaxed ways. The goals of positive discipline are to help children:

- Learn to make good choices.
- Learn problem solving skills.
- Learn basic human values of respect, trust, responsibility, honesty, and caring for others.

Following is a sample of practices consistent with these goals.

Have a Clear Set of Ground Rules and Routines

Children know what to expect when familiar routines and a clear set of ground rules exist. By anticipating problems and setting rules to avoid them, staff cut down on the need for "behavior management." With clear ground rules and familiar routines, children are able to experience a greater sense of independence and competence. They know where the limits are.

Staff should discuss with children the reasons for the rules. They should involve the children in the process of deciding what rules are necessary for the group. Children will be more cooperative when they realize staff don't make up rules and change them on a whim.

Part of having a clear set of rules is making sure everyone on staff is interpreting the rules the same way. Nothing gets the children into limit-testing quicker than having one staff member telling them they must do something and another telling them they don't have to.

Best practice is for providers to follow the same rules they set for children. Children accept a rule of sitting on chairs, not on tables, when they see staff sitting on chairs. Using quiet voices encourages children use quiet voices.

Fair is fair. If staff want children to regard the rules of the center as important, they should pay attention to the rules themselves.

Behaviors you don't approve of may be happening or even encouraged in other parts of the child's world. You can still expect children to operate by your rules when they are in your center. You don't have control over children's other environments. You still need to be in control of your own.

Use Consistently Positive Communication

- Providers offer encouragement, not empty praise.
  For example: "I really like the way you remembered to clean up your place at the table today."
  Rather than: "What a good girl you were today!"
- Providers make their comments sincere and specific.
  For example: "I noticed you working very hard on your painting. The blue color you used is very bright!"
  Rather than: "What a beautiful picture? It's the most beautiful picture I've ever seen!"
- Providers offer information rather than just stating rules.
  Thus: "If you hang up your coat, people won't walk on it and get it all dirty."
  Rather than: "Hang up your coat!"
- Providers focus on the positive behavior they expect to see happen next rather than the negative behavior that just happened.
  For example: "Oh, I'm glad to see you're not busy right now. How would you like to help me set up snack?"
  Rather than: "Stop running around the room!"
- Providers focus on children's feelings and the actions that result, not on the children themselves.
  Thus: "What made you feel so angry with Patrick you felt like hitting him?

Rather than: "Don't hit. Bad boy!"

- Providers focus children's attention on a positive event to come rather than the present disagreeable task.
  For example: "As soon as you've got the blocks you were playing with picked up, you can join us outside."
  Rather than: "Hurry up and pick up those blocks!"
- Providers focus on positive behaviors in the group rather than negative ones.
  Thus: "Almost everyone remembered to push in their chair today!"
  Rather than: "Some people are still forgetting to push in their chairs!"
- When there is damage to program materials or equipment, providers focus on how it affects the group rather than look for the culprit.
  For example: "Oh dear. One of the snack mats has been torn. That's sad. Now only three people will be able to sit at the snack table instead of four."
  Rather than: "Okay, who tore up the snack mat?"
- Providers tell children exactly what they expect and express confidence that children will comply.
  Thus: "Walk through the living room carefully because the other children don't like to be bumped. We will go outside in 30 minutes, then you can run and jump."
  Rather than: "You are so clumsy! Try to be more careful walking across the room."
- When children are upset, providers respond to the feelings underlying children's threats and not to the threats themselves.
  For example: (Child) "If he doesn't give my picture back right now I'm going to smash him!"
  (Teacher) "You're feeling so mad at him for taking your picture you feel like hurting him."
  Rather than: "Don't you DARE hit him!"

The most powerful tool you have at your disposal is the power of suggestion. Children will only be as good as you lead them to believe they are. Children will behave responsibly if you trust them to be responsible. Apologize when you lose your temper, falsely accuse a child, or make a promise you forget to keep. You will be providing a good model for how people should treat each other. It doesn't hurt to let children know you're human.

Give Children Choices

Part of respecting children is giving them choices whenever possible. If providers decide to redirect a child, they need to know what is unacceptable about the child's present behavior. They should also clearly communicate acceptable alternative behaviors.

Children find it much easier to make choices than to follow orders. In deciding what a child's choices are, providers should try to give the child the maximum choice given the situation. If children are to put on their shoes, providers can offer the child a choice. They could say, for example:

"Do you want to sit in a chair to put your shoes on, or on the floor?," or

"Do you want to put your shoes on all by yourself," or "Would you like me to help you?," or

"Do you want to put on your left shoe first, or your right shoe?"

Any one of these sounds better to the child and is more likely to get a positive response than "Put your shoes on now!"

CHILDREN FIND IT MUCH EASIER TO MAKE CHOICES THAN TO FOLLOW ORDERS.

People often give children choices they don't intend. For example, providers may say "Wouldn't you like to sit down and finish your lunch now?" when they have no intention of letting the child say "No!" A more honest communication would perhaps be:

"You may sit down quietly and finish your lunch. Or, you may sit over there and finish your lunch when the other children are outside."

Other times providers offer choices they don't intend to follow through on. One example is: "If you throw that rock you're going to stay inside for a week!" Other times choices are nothing more than threats, as in "Sit down or you'll be sorry!" These are unacceptable ways to talk to children.

Settle Problems Quickly and Follow Through Completely

When children refuse to choose among the options available to them, make the choice for them. Spending a lot of time with a balking child just focuses a lot of attention on negative behaviors. The more children feel they can tie up staff in negotiations, the more limit-testing they will do. Some examples of how to bring a situation rapidly to a close:

"It looks like you can't decide whether you're going to put your shoe on or not. I can't spend any more time waiting for you to decide. You may sit over here out of our way while you're deciding what to do."

"Can you decide which books you're going to look at all by yourself, or do I need to help you? (No response.) Make a choice, or I'll have to decide for you. (No response.) I see you'll need some help this time. Take this book to your table."

Children will learn that stalling looses them their right to choose. Once children get used to choices, they usually decide they want to make their own choices without protest. By giving the child choices, staff show respect for the child's dignity and independence.

Seeing a problem through to completion requires structuring the situation so the child cooperates before going on to other activities. For example, if a child needs to pick up toys, staff need to make sure the child doesn't do anything else until the task is complete. If the child tries to join some friends in their activity, a staff member can go over and say:

"I'm sorry. Ginny is not ready to play with you yet. She still has something she needs to put away!"

Staff should begin something only when they are prepared to finish. Staff must make sure they have the time, energy, and resources to see a problem through to its conclusion. "Seeing it through" means making sure the limits or options you present actually go into effect.

It is better to ignore a behavior this time than to force a confrontation and then back off. Recurrent problems offer plenty of future opportunities to deal with them!

Logical and Natural Consequences

"Natural consequences" are the results that follow certain behaviors. Thus, if children walk through a puddle in their tennis shoes, they have wet feet.

Logical consequences are reasonable results. One rule may be that children with wet feet come indoors to stay until their shoes and socks are dry.

Logical and natural consequences have the advantage of gaining a child's cooperation. A good rule of thumb is: If you want children to do something, make sure they are the ones who learn from their behavior.

For example: "Oh, I see you waited too long before going to the bathroom. I'll get you your dry clothes and you can change in the bathroom."

Rather than: "I wish you would stop wetting yourself. I'm getting tired of changing you all the time!"

Logical consequences are "logical" in the sense they are:

(1) Related to the broken rule.
(2) Respectful of the child.
(3) Reasonable, based on appropriate expectations for that child.

Thus, time outs or bribes are not logical consequences. They are unrelated to the broken rule. Making children clean up the entire lunch area because they left a mess under their table is not a logical consequence, because the consequence is greater than the unacceptable behavior.

Effective consequences require empathy. In fact, staff can openly sympathize with the child's situation.

Thus: "Yes, I know how much you enjoy your art time. I'm sorry you're missing it. You decided to scatter these toys all over the room and it takes a long time to get them all back where they belong."

Rather than: "Oh, okay, I'll finish picking these things up. You can go to art now!" It's not being cruel to the child. It's reality. Children who you constantly rescue from the consequences of their actions do not have the opportunity to become independent and self-sufficient.

Rewards, Tokens, and Stickers

"If you do a good job of cleaning up, I'll give you a sticker. When you get five stickers, you'll be able to choose a prize."

"If I have to remind you of one of our rules, I'll remove one of your cards from the chart. If I have to remind you a second time, you will lose one of your privileges (punishment). If I don't have to remove any cards, you'll get a token (reward)."

Behavior modification techniques are tempting to use, because they are so effective when used correctly, at least initially. Children will work for the rewards, and they receive physical evidence of their good or poor behavior.

Behavior modification techniques do not emphasize the social and interpersonal reasons for cooperating. Token systems are easy to carry out. Providers often do not fully understand or apply them properly when they are not thoroughly trained in the technique. A reward system often requires a more structured environment than is generally appropriate in a child care setting. Reward systems require that you not consider meals and outdoor play "privileges." They are part of required services.

You should discuss a structured reward system to handle a particular behavior problem with the child's parents before using it. Consult with a professional to help you implement the program properly.

Cooperating with these kinds of interventions can be appropriate.

Removing Children From the Group: Proper Use of "Time Out"

Time-out helps children cool off. Children sometimes need a quiet place for a few moments to calm down. Then they can rejoin the group when they feel they're ready. Sometimes they need a more structured time-out. They go to a particular place where there are no activities to do and stay there until given permission to get up.

Some providers over-rely on time-out. Leading educators are beginning to discourage its widespread use. Some favor a substitute "sit and watch" approach which also works for children who do not want to join a group activity.

Children should stay in time-out no more than one minute for each year of their age, up to five minutes. That is long enough for them to calm down and think about the problem. Time-outs are inappropriate for children under age two. A brief reminder of the rule and redirection are usually sufficient.

Having a child sit down for a while is NOT a substitute for problem-solving. It is essential that you return to the child and discuss the problem and what the child can do differently next time.

Stay flexible. Don't get into a power struggle or try to get a child to listen to what YOU have to say. If the child appears unwilling to discuss the problem, accept that. Walk off and leave the child sitting, perhaps saying: "I can see you're not ready to deal with this yet. I have other things to do. I'll come back in a little while and see if you're ready to talk to me."

Positive Steps in Conflict Resolution

Following is a suggested sequence for responding to situations so you can handle them in the most positive way possible:

Anticipate

The best way to handle a crisis is not to have one in the first place. All methods we discuss so far encourage a cooperative, respectful environment in which discipline problems should seldom arise.

Some children are less able to control their anger and frustration than others. You need to know what most likely aggravates a particular child and their response. With this knowledge, you can anticipate when children are getting into situations in which they are likely to respond aggressively. You can take steps to:

- Alter the situation.
- Redirect the participants.
- Become actively involved in the situation yourself, modelling social cooperation and problem solving. Recognize and respect all participants' feelings before it occurs.

Understand

An important part of preventing aggression and handling it when it occurs is knowing the source of the individual child's turmoil. Talk to the child's parents when you are unsure why a child is lashing out. The aggression may be due to:

- A normal developmental stage. For example, toddlers will often respond instinctively by biting or pushing when other children are in their way.
- Frustration over some activity that is too difficult or some social problem which they cannot resolve.

- Anger at the provider or the other children.
- Sickness, hunger, or lack of sleep.
- Over-stimulation.
- Stress at home or at child care.
- Too many recent changes in a child's life, such as moving or a new baby in the family.
- Defense. For example, children may be picking on, teasing, or ignoring the child.
- Lack of communication or coping skills.
- Seeking the approval or attention of their peers.

Help children use acceptable ways to express their feelings. Exercise your judgment. For example, you can:

- Find a friend for children who their peers exclude. Role play during group times how it feels to exclude someone. Talk about ways to solve problems.
- Guide children who are sick or overstimulated to calmer, more solitary activities. Offer them a place to lie down and relax.
- Stop toddlers when they hurt someone and make them aware of the injury. While tending to the injured child, also help toddlers realize that their actions really do affect their peers. With older children, you may want to put them in charge of helping a child they have injured. They could take the child inside to have a scrape cleaned and bandaged.
- Offer children help or redirect them to another activity if the present activity is too stressful or frustrating.
- Provide a punching bag for an older child with an overwhelming need to hit. Give a teething ring to a younger child who has to bite something.

It is important to talk with parents about major or repeated incidents. Let the parents know what behaviors you are seeing at the center. Put the problem behavior in perspective. Relay some positive things about the child to the parents. Ask if they are seeing similar changes at home. Together, discuss possible ways of dealing with the problem.

In the days that follow, keep in contact with the parents, sharing with each other any changes you have seen. Keep those lines of communication open! A cooperative relationship with a child's family can help solve small problems before they become major ones.

Defuse

If a child is getting out of control, get the most competent staff member available to come handle the crisis. That person can take steps to calm the child's rising fury.

Some general "crisis management" tips:

- Use a calm, soothing voice. Ask children to explain what happened that they think is unfair.
- Give children physical space. Don't try to grab or chase them. Children may threaten to hit or to run away, but they seldom will unless you respond physically to the threat.
- Allow children to vent their fury verbally. Show that you understand their point of view by repeating the message back to them. Let them know that you don't have a problem with the way they are feeling, only with the way they are acting.
- Discuss options. Try to change the tone of the confrontation from one of anger or power to mutual problem solving.
- In some cases, it helps to discuss the problem a child is having with the larger group. Ask the child's permission for the child's peers to think of ways they could help. In other cases, it is more respectful and less embarrassing for the child if you keep the matter private, just between you and the child.

Deflect

If a child is physically threatening you, other children, or the environment, you can:

- Remove yourself and other children from harm.
- Stand between children and their intended target.
- Block blows with your arms. Often after a single blow the danger is past.
- Walk away from the confrontation. It is often better to let tempers cool than to insist on getting your way right this minute.

Restrain

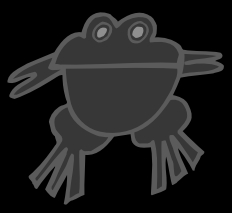
You should try all other ways of minimizing the present danger before you consider using limited physical restraint. Normally, restraining children involves:

- Wrapping your arms lightly but firmly around their chest from behind. You may have to pin their arms to their side. Normally crossing their arms in front of them about waist high is more comfortable and soothing.
- With younger children, you might put them in your lap facing away from you so they cannot bite, punch, or kick. Watch out for head butts, though. You'll probably be sitting on the floor or in a chair. You might also need to wrap one arm around their legs, if necessary, to prevent kicking.

Use of rope, tape, or other materials to bind children is strictly forbidden. Physically restraining children is not acceptable as a routine form of discipline. Use physical restraints only when children are endangering themselves, others around them, or doing major damage to the center. Even then, there is probably someone at the center who can remove the danger in a more positive manner. The person on staff trained to use limited physical response knows there are better ways to handle the situation.

You may need to move the child you are restraining to another room. Make sure

AVOID LECTURING. WAIT FOR THEM TO TELL YOU THEY ARE READY TO TALK.



you adequately staff the rest of the group. If necessary, move the other children to a new location. It is important not to let trouble with one child disrupt the whole group. When you can safely stop restraining the child, do so. Remain with the child.

Resolve

Avoid lecturing. Wait for them to tell you they are ready to talk. When you both are calm enough to do so, return to discussing the initial problem. Bring the problem to a conclusion. Allow children to rejoin the group as soon as possible.

Let the child and the rest of the group know that everything is okay by a smile or a pat on the back. School-age children look for some physical expression that the problem is past.

Knowing the Limits of Your Expertise

Sometimes you won't know how to help a child learn to behave acceptably. Some problems require professional diagnosis or intervention. Seeking outside help with a problem is a sign of your professionalism. You recognize a problem that requires expertise beyond your training.

Early intervention is better because:

- It prevents labeling children as "bad" or a "trouble-maker."
- You can discover the source of the problems. For example, the child may have allergies or may not be able to hear well.
- Staff are more likely still to have the energy, patience, and personal rapport necessary to continue working with a child.
- A child is more likely to recover when they continue to participate in your center.
- Sometimes a child's problem is part of a larger family problem requiring professional solutions.

There is growing acceptance in our society for people seeking professional advice. Find out what resources or consultants are available in your community. You can then offer positive options to parents when you discuss your concerns.

Children and Stress

Children under stress may become more aggressive, clingy, sad, or in need of constant reassurance. They may regress in their toilet training or show other immature behaviors. Children might also have increased activity levels or shorter attention spans.

There are steps providers can take to help reduce children's levels of stress:

- Have a predictable daily schedule, so children know what to expect for the day.
- Establish rules that are simple and clear.
- Have as few changes in the persons providing care during the day as possible.

- Have quiet places where children can get away and be by themselves for a while if they wish. Children under stress often need more physical space to themselves and smaller groups of children around them.
- Include in the daily routines time for small group activities, one-on-one time with an adult, and a balance between active and quiet times.
- Give children time to complete activities and tasks at their own pace. Respect their desire to direct their own activity.
- Let children know that you are in charge. Handle limit testing fairly and firmly.
- Provide a soothing activity such as water play.

If you see children getting into stressful situations, help redirect them to less stressful activities. Take a few moments to cuddle and sooth them. Gently ask them about their feelings. Be on the lookout for signs of physical or mental abuse (see Chapter 34).

Inappropriate Forms of Discipline

Distinguish discipline from punishment. Discipline has as its goal educating and redirecting children. It emphasizes cooperation. Punishment has as its goal hurting, shaming, or scaring children. Punishment is an inappropriate form of discipline, and has no place in a child care center.

There are times when you will be genuinely angry at a child. Whenever you express your anger at what children do, it is important that you:

- Make it clear you are angry at the child's behavior, not the child as a person.
- Not let your anger be an excuse to be out of control, abusing the child either physically or verbally.
- Take a moment later, when you've calmed down, to let the child know you're sorry you got angry and that you're ready to start fresh.

Shaming

Shaming a child is never appropriate. Examples of shaming include:

- Calling a child names.
- Shouting at a child.
- Ridiculing a child in front of a group.
- Allowing the group to make fun of a child.
- Putting an older child in a playpen, crib, or highchair.
- Making a child wear a dunce cap.
- Making a child put his face against the wall.

Shaming is a source of stress and anxiety for children. It makes them feel badly about themselves, angry at the provider, or afraid of being punished again. As a response to shaming, children will likely:

- Become submissive and withdrawn.
- Look for ways to hurt the provider, the environment, or other children.
- Become sneaky and dishonest.

Corporal Punishment

The department and state law strictly forbid all forms of corporal punishment at the center. Corporal punishment includes but is not limited to:

- Striking, kicking, or poking children.
- Shaking, pulling, or pushing children.
- Grabbing children by the hair, ears, neck, or head.
- Pinning children to the floor or against a wall.
- Sitting on children.
- Squeezing children across the throat or lower abdomen, making it difficult for them to breath.
- Forcing children to eat an unpleasant substance like soap, vinegar, or cayenne pepper.
- Allowing a child to do any of the above to another child.

These actions are extremely dangerous and are never appropriate. Grabbing children by the hand or arm can result in broken bones or a dislocated elbow or shoulder.

Parents may not physically punish their children at the center. Clearly describe this policy to the parents in the parent information materials. Calmly but firmly intervene if a parent begins physically disciplining their child while at the center. The law protects children from physical and emotional abuse.

Parents and staff can benefit from your knowledge of positive discipline techniques and resources in the community to help with discipline problems. Parents would probably appreciate at least one parent meeting a year dealing with age-appropriate behavior expectations and discipline. You can also share your philosophy and ideas on an ongoing basis, through daily contacts, the parent newsletter, and parent-provider conferences.

Be flexible and sensitive to the parents' feelings and desires, however. Parents can only benefit from your expertise to the extent they are looking for alternatives.

Reasons to Avoid Using Physical Restraint

Physically restraining a child stops a dangerous situation so that problem solving can begin again. Physical solutions are likely to backfire for several reasons:

(1) Desperation. This can occur when you are running out of ideas, and the child feels cornered.

(2) Anger. You and the child do not feel like treating each other in a respectful and caring manner at the moment.

(3) Adrenalin. Both you and the child are experiencing a chemical rush. Actions will likely be more violent than you both intend.

(4) Precedent. Any use of physical force serves as an inappropriate problem solving model to children. If we expect children to find nonphysical ways to solve their problems, we must do so too.
(5) Physical limitations. Some children are too strong for physical restraint.
(6) Liability. Someone seeing a provider using physical discipline techniques may consider them suspicious or unjustified and call CPS. Centers are potentially liable for any injuries to children resulting from staff actions.

Sometimes it's the staff member who needs (and wants) a "time-out!" If things are getting tense, it might be time for someone else to step in with a fresh approach.

It's difficult to respond reasonably to a balking child when you're under stress. Staff may think it is better to tough it out rather than admit weakness, but it is not. Encourage staff to let someone know when they think they're losing it. Usually someone else can take over for a while, perhaps the program supervisor. The staff member can then step out for a while and relax. Usually a short break is all they need.

Experts tell us that most cases of child abuse occur when people are under stress. If you want staff responding flexibly and respectfully to children's requests and needs, you need to establish procedures for staff to get help when they need it.

If you use limited physical restraint it must:

* Not intentionally cause pain.
* Not threaten to cause pain; for example, holding a child's arm behind the back.
* Be as brief as possible.

Describe in writing incidents when a staff person uses physical restraint, and put the report in the child's file. The report should include: 1) date and time, 2) what prompted the use of restraint, 3) who handled the incident, 4) method of the restraint they used and for how long, and 5) how you resolved the situation. If the incident was serious, discuss it with the child's parents. You may want to discuss it with your licensor.

The Center's Discipline Policy

The purpose of discipline is to help children learn basic human values, problem solving skills and to take responsibility for their own choices. Telling parents you will not spank their child is the easy part. Staff need clear guidelines on the center's discipline policy and training in positive discipline techniques. Orient the staff thoroughly. Give new staff members a chance to see how more experienced providers talk to the children and handle problems.

Have your program supervisor provide training in: 1) active listening, 2) helping children problem solve, and 3) using positive communications. Arrange for outside speakers. Give staff useful materials to read (such as this guidebook!). Encourage

Behavior Management Policy

This child care center uses ***indirect guidance*** techniques:

- We give previous warnings: “You have 5 more minutes to play before it’s time to clean up.”
- We give choices: “You may paint with the other children or you may read a book in quiet corner.”
- We have a regular routine: “We always wash our hands before lunch. After lunch is story time.”
- We avoid nagging: We tell the child what we expect just once, follow it by asking the child if he/ she remembers what we asked, and then offer to help the child do what was asked.
- We’re consistent: We do things the same way each day so the children know what to expect and learn to trust and feel safe in their environment.

We also use ***direct guidance*** techniques:

- We use the affirmative: “We use walking feet indoors” rather than “Don’t run!” or “Use your words to tell us you’re angry” rather than “Don’t hit!”
- We get the child’s attention by crouching down to his/her level, making eye contact, speaking quietly and asking the child to repeat the directions.
- We try very hard to be fair. We examine our expectations to make sure they are age-appropriate, and we don’t make rules just because an activity is too noisy or messy.
- We avoid arguments by following through with solutions that address the problem, but also offer the child a way to exit gracefully from the problem: “You can choose a quiet place to calm down or I can choose one for you.”

If a child is unable to demonstrate self-controlling behavior, a brief time-out results for the child to regain control. Time-out occurs only when other measures fail, and is used as an opportunity for the child to re-group, not as a punishment.

By law, and program philosophy and policy, the following forms of discipline are forbidden: hitting, spanking, shaking, scolding, shaming, isolating, labelling (“bad”, “naughty”, etc.) or any other negative reaction to the child’s behavior. All forms of corporal (physical) punishment are strictly forbidden.

Some negative behavior is best ignored since its goal is often to get attention. This technique is effective for some of the disruptive things children do and it minimizes mimicking activity by other children.

If a child is unable to gain control and requires more individual attention than can be given within child to staff ratios, we may need to contact a parent. A child requiring one-to-one attention may have to leave the center temporarily for safety’s sake. Repeated uncontrollable behavior can lead to discontinuation of child care services.

attendance at workshops. Probably no area of training will have a greater impact on the tone and quality of your program.

Tell your staff whom to go to for assistance if a discipline problem is beyond their control. For example, you probably want to tell your aides to get the lead provider if they are having trouble getting a child to cooperate. Lead providers, in turn, should be able to call upon either the program supervisor or the director.

The director and program supervisor should observe all staff regularly to make sure communications and problem solving are positive and nonthreatening. Offer suggestions for other ways a problem could have been handled if you think it is necessary.

Sometimes just handing over a problem to someone else solves the problem. The other staff person is not necessarily more competent than you. Sometimes children are ready to cooperate but don't feel they can give in to you without losing face.

Tell staff not to take it personally. They will probably have an opportunity to help another staff person with a problem before long.

Beware of lead providers regularly sending their behavior problems to the director's office:

- *Doing so sends children a message that the provider can't control them.*
- *Children often think the office is a fun place to be, or that being sent there makes them special.*
- *The provider needs to see how they might handle a similar situation themselves next time.*
- *The context in which the problem arose is an important part of solving the problem.*

If staff need help handling a problem, it's best to have the director come to the room to help, not send children to the director.

Chapter 9. WAC 388-295-2050 through 388-295-2060

Sleeping and Off-Site Considerations

Rest Periods and Nighttime Care

It can be a long day. Most children under five years old benefit from having a short period in the early afternoon when they relax. Often children don't realize how tired they are until they slow down for a few minutes. Having a scheduled rest time lets them find out.

Tell children and parents that sleep is optional. You may want to allow children to look at books or do a quiet activity like a puzzle on their mat. Allow children who have not fallen asleep in a half hour or forty-five minutes to get up and do quiet activities while the other children nap.

Nighttime care givers may break visual or auditory contact but not both with children for brief periods of time. It is not an acceptable practice to:

- Rely on an intercom to monitor a room.
- Listen for noises through an open door.
- Look through a window to the room where children are sleeping.
- Shut a child in a room and listen to them cry.

There are too many dangers which you cannot notice without regular staff present and alert. For example:

- There is not always noise when a child is in trouble or in need of assistance. For example, a child might be sleep walking or choking.
- Broken monitoring equipment. If you use such equipment, make sure it is working properly.
- Fire or other hazardous conditions can occur without anyone noticing until too late.

With heightened public concern about sexual abuse, staff watching over sleeping children should avoid even the appearance of improper behavior. For instance, if you decide to rub a child's back to help them relax, do so only for a brief time. Keep your hands clearly visible and away from private areas at all times. Avoid an adult alone with children for long periods of time. This increases the safety of children and protects the reputation of staff.

Off-Site Trips

Centers need to have signed, parental permission on file if they are going to take children someplace away from the center. This includes walks around the block and to the local park, as well as more elaborate field trips.

There are two schools of thought among center providers about field trips. Some treasure them as a learning experience for children. They regard trips as a chance for everyone to do and see something different. Others worry about the liability and the difficulty of arranging transportation. Field trips, neither required nor essential, are rewarding for you and the children. Centers do not need to ask for a new permission slip each time they plan an outing. Parents can sign a blanket authorization for their child to go on all trips the center organizes.

In any case, notify parents in advance of each individual trip. This allows them to:

- Send children appropriately dressed, and send a sack lunch, if necessary.
- Alter their drop off and pick up times, if necessary.
- Express any objections they might have to their child going on this particular outing.

Notification of possible spontaneous outings can be a general announcement on the bulletin board or in your newsletter covering an extended time period. For example, you might say:

"During the nice weather this month, we might decide to take a walk down to the park in the afternoon. If we do, we will return to the center by 4 p.m."

Plan ahead so the group returns to the center at a convenient time so parents can sign out their child at the end of the day.

Parents can let you know if they need their child at the center at a certain time. For example, they might have to catch a bus, pick up other children, or get to a doctor's appointment.

Centers must make proper arrangements for children who do not have permission to go on the trip.

Making Sure Field Trips Go Smoothly

- Make sure the place you want to visit knows you're coming, and that they are ready for you. Let them know the size and age range of your group.
- Double check such details as; parking locations, transit schedules, routes and stops, admission fees, and starting and ending times for scheduled events.
- Let children know ahead of time where they will be going. Discuss some of the things they might see.

Field Trip Notice

Group: _____ **Place:** _____

Date: _____ _____

Leave at: _____ **Return at:** _____

Note: _____

I give permission for my child to participate on the field trip:

Child Name	PARENT SIGNATURE	Child Name	PARENT SIGNATURE

- Let the parents know where you will be going, the day and time you'll be gone, and if they need to send a sack lunch or money.
- Post a sign-up sheet or distribute permission slips to get parent's written permission for their child to go on the trip. This is for centers without blanket authorizations.
- If you need parent drivers, have parents sign up, indicating the number of seat belts. All vehicles must be insured and well maintained.
- Decide how you will handle snack or lunch, if necessary.
- Prepare for the possibility of a long waiting period someplace with little to do. You might bring along art materials for children to draw what they are seeing.
- Plan follow up activities after the trip for children. They can discuss what they saw and learn more about things that interested them.

Teach Children How to Act on Trips

Know your children. Off site trips become easier after the children become comfortable with you and your rules. Children and adults will both enjoy themselves more if you've discussed the following ahead of time:

- Staying with the group. Have children hold hands with a partner.
- Proper behavior when traveling in someone's vehicle or in a public place.
- What to do if they get separated from the group.
- Using the bathroom when they have a chance.
- How to respond if a stranger calls out to them.

THE LAW ALSO REQUIRES PROVIDERS TO PLACE CHILDREN UNDER ONE YEAR OF AGE IN AN INDIVIDUAL SAFETY CAR SEAT.

Transportation (Center Owned or Operated Vehicles)

If the center owns or leases its own vehicle for field trips, the center must have liability coverage for commercial use. The driver must have a valid Washington State driver's license. Either the driver or one of the adult passengers must have current first aid and CPR certification.

Safe Operating Condition

You must maintain vehicles the center owns or operates in proper working order as defined by the State Patrol's Commercial Vehicle Inspection Office. You must ensure all equipment originally on the vehicle when it was manufactured is working. This will probably include:

- Brakes and emergency brakes.
- Headlights, brake lights, turn signals, and emergency flashers.
- Windshield wipers.
- Interior and exterior rear view mirrors.
- Spare tire, in good condition and properly inflated.

Maintain a regular maintenance schedule and check oil, radiator, transmission, and brake fluids before transporting children. You must properly inflate tires, with at least a quarter inch of usable tread remaining.

Recommended Safety Equipment

School buses must carry the following equipment to respond to emergencies:

- A fully stocked first aid kit.
- A fire extinguisher.
- Emergency flags or warning triangles.

DCCEL expects centers to have similar equipment in their vehicles. You may want to consider carrying the following items with you:

- A warm blanket.
- A working flashlight.
- Chains.
- A tool kit.

Seat Belts

State law requires that all persons in a moving motor vehicle other than a bus always wear a lap restraint. The law also requires providers to place children under two years of age in an individual safety car seat. Recent research suggests lap belts alone can result in severe abdominal or spinal injuries in a crash. Shoulder straps also present a problem for children, however, since they don't properly fit young bodies.

The best practice for transporting children is to use an approved car seat that fits them (which has its own upper body restraint). Use booster seats to help shoulder straps and lap belts fit properly. Children are also safer if they ride in the back seat. Each child must have an individual, separate seat belt. DO NOT double buckle.

You might want to suggest to parents that they use booster seats or car seats with their toddlers and younger preschoolers. Ask that they bring this equipment to the center on the day of a field trip.

Volunteer Drivers

WAC 388-295-2070 applies to vehicles the center owns or operates. Centers should have similar policies covering parent drivers and their vehicles as well. Your center is ultimately liable for the children's safety, even if they are in a volunteer driver's car.

When transportation requires multiple drivers, use a caravan or buddy system. That way no one is likely to get lost and assistance is readily available in case of accidents or break-downs. It's a good idea to have at least the last car in line carry a person with current first aid and CPR training and a first aid kit.

On the Day of the Trip

Put tags on all children giving the center's name, address, and phone number. You might use:

(1) Tags safely pinned in a way that won't poke children. (Do not write children's names, addresses, or home phone numbers on tags.)

(2) Stick-on labels.

(3) A center address stamp for children's wrists.

Some centers invest in a special center T-shirt with the center's name printed on it. Have children wear these on all trips away from the center. They help identify where children belong if they get lost, and:

- *They provide an easy visual check whether or not the group is staying together.*
- *They serve as free, mobile advertising for your center.*

Other safeguards to remember:

- Take a first aid kit, possibly in a backpack or other portable carrier.
- Have a map showing how to get to and from the destination.
- Bring children's emergency medical authorization cards. It is also a good idea to bring along general information like emergency phone numbers. This information should accompany children in whatever vehicle they travel.
- **Sign out children when you leave. Sign them back in when you return.**
- Write down children's names for each adult in charge of a group.
- Bring change for the pay phone.
- Be sure staff carry ID for emergencies.

Chapter 10. WAC 388-295-2080

Parent Communication

Parent communications are the lifeline of your program. Good communication means letting people know what they need to know when they need to know it. It means:

- Effectively describing your program to parents so they can decide whether to enroll their child.
- Getting from the parents the information you need so you can do a proper job of caring for their child.
- Keeping in daily contact with the parents. For example, making sure they know how their child got that goose-egg on her forehead, or just saying "Good morning!"
- Making sure parents pass important information on to you, such as, that their child is going home with a friend that day.
- Letting parents know how their child is doing. Little bits of information on a regular basis help make the parents feel more a part of their child's whole day. They love to hear about amusing incidents or new developmental milestones.

• Ensuring that parents know about center events, holiday closures, or center policies.
• Reassuring parents that, although you have their child with you many hours each day, you recognize the parents as the child's primary care givers. You want the child's time with you to meet the parents' wishes and expectations as much as possible.

Communication is not a one-way street. You want parents to share with you:
• How their child was feeling last night.
• Major changes in their family situation.
• Exciting or unexpected new things the child is doing at home.
• Concerns about the program or their child's care. You want the parents to talk with you. Complaints to other parents or silence don't help you give excellent service.

The next few sections discuss one way you might handle the enrollment of a new child in your program. This is a possible sequence for meeting DCCEL requirements for parent communication, not a required one. **The items we star indicate written policies you MUST share with parents by the time their child starts your program.**

First Contact with Parents

Most parents' first contact with your program will be a telephone call. Usually, they want to get some information about your program or to arrange a time to visit. If you are not free to answer their questions fully, you may want to ask them when you can call them back. You will probably want to get at least the parent's name, phone number, and the name and age of their child. Consider mailing them one of your brochures or parent information guides.

When parents schedule a visit, they should know whether to bring their child. Tell the parents your policy on their children joining center activities during the tour.

Prospective parents may drop in unannounced. You may be too busy to give them a complete orientation. Invite them to observe for a while. Ask them to schedule another visit for a full introduction to your program.

Before Enrolling a Child

Telling Prospective Parents About Your Program

Prospective parents want a chance to see the program in operation. They will ask questions and want a formal orientation to your program. If parents visit your program, you will probably share with them during the visit much of the important information about your program, such as:

* The philosophy of your center.
* The age groupings, child-staff ratios and physical layout of your center.
* Opening and closing times.
* Part-time or drop-in options.

* A typical schedule of activities for children the age of their child, including meals, naps, and outside times.
* Tuition and other fees.
* Meal and snack policies.
* Field trips.
* Religious activities in your program.
- Special "selling points" of your program.
- Controversial or sensitive aspects of your program. This may include discussions of bias or sexuality issues with children.
- That you are a licensed center, and what that means.
- How long your center has served the community.
- The background and experience of your staff.
- Parent participation in center activities.
- What openings you currently have or how long their child might be on a waiting list.

You will be giving the parents all the details to help them make an informed choice whether this program is right for their child.

YOU WILL BE GIVING THE PARENTS ALL THE DETAILS TO HELP THEM MAKE AN INFORMED CHOICE WHETHER THIS PROGRAM IS RIGHT FOR THEIR CHILD.

Parents of infants will be interested in:

- Meeting the staff person who will be the child's primary caregiver.
- A setting that is bright, cheerful, clean, secure, and separated from the areas for older children.
- Infant: staff ratio for their child.
- Feeding, diapering, and napping policies.
- How providers and parents pass information back and forth about the day's events or schedule.

Parents of toddlers will be interested in:

- Meeting the staff person who will be the child's primary provider.
- The indoor and outdoor equipment their child will use.
- The separation of the toddler and preschool programs.
- Toilet training and nap procedures.
- Behavioral expectations of their child.

Parents of preschoolers will be interested in:

- The range of activities the program offers for meeting the child's needs.
- Typical behavior management techniques.
- Indoor and outdoor facilities.
- Off-site trips.

Parents of school-age children will be interested in:

- Activities for their children.
- Outdoor play options or quiet places to do homework.
- How their child will get to and from school.
- Group size.

Parent's "Right to Know"

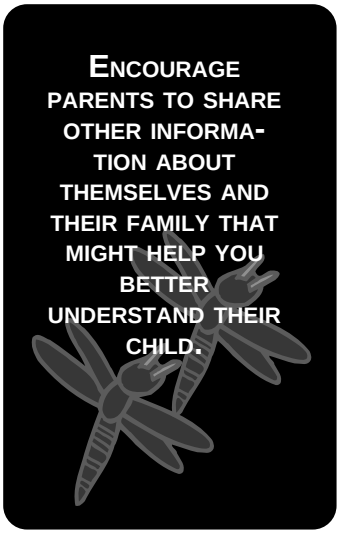
Valid complaints about your center are public information. DSHS must, if asked, give parents or other interested parties general information about:

- Results of health, fire, or licensor monitoring reviews or inspections.
- Complaints the department substantiated.

Information You Want from the Parents

You and the parents are trying to decide if your center is right for their child. To do this, you need to get parents to tell you things as well. For example, you may want them to describe their child to you:

- His or her history in group settings.
- General personality and activity level.
- Special interests, talents, or fears.
- Foods the child cannot eat and acceptable substitutes.
- Allergies, possible learning disabilities, or other special needs.
- Major life changes recently besides starting a new day care, that is! For example, did the family just move? Has there been a recent divorce or a new stepparent?



Encourage parents to share other information about themselves and their family that might help you better understand their child. For example, it would be useful to know:

- How do they discipline their child at home?
- Do they have strong opinions or values about childhood in general? How adults should treat children? How children should respond to adults?
- How would they describe their family? Are both parents at home? Does the child have brothers or sisters? If so, how many and what ages? Are there any extended family members at home?

Parents from some backgrounds or cultures may be uncomfortable sharing information about themselves and their family. Let them know why this information is useful to you. Don't pressure them if they appear unwilling to answer.

You want to know any special concerns or expectations parents have regarding child care. For example, they might be looking for a center where:

- There is some flexibility in what days and times their child can attend.
- An occasional late pick-up is okay.
- The inside and outside play areas are very secure.
- Certain types of activities occur regularly.
- You will (or will not) expose their child to certain religious or moral values.
- Parents can participate regularly in the center's activities.
- There is a strong, positive male or female role model for their child.
- Their child won't have to take naps.

Let parents know right away which of the desires they express you can meet and which ones you cannot. They can then better decide whether your center is right for them.

Let the parents know you are there to provide a service for them and their child. Also let them know you are a professional operating a business. If they choose to enroll their child in your center, it should mean they understand your program and policies and agree to operate according to them.

At the end of these initial contacts, you and the parents will have to decide whether to enroll the child. Your concerns may be:

- There does not seem to be a good "match" between your center's philosophy and the type of child care the parents want.
- The parents appear unwilling or unable to cooperate with your center's policies.
- The child seems too immature, frightened, disruptive, or aggressive to fit in well with children already in your care.

If you have concerns, you might agree to care for the child, but only for a specified, trial period. Then you and the parents can decide together whether a permanent placement is wise.

Enrolling a Child

If the parents choose to enroll their child, give them a registration packet. You may want to include all the forms and authorizations you need for the child to start your program.

Required Forms:

* Registration form (Chapter 9).
* Certificate of immunization status form (Chapter 15).
* Medical emergency authorization form (Chapter 14).
* Health history form (Chapter 9).
* Blanket field trip authorization form (Chapter 9).

Registration Form

Date: enrolled _____ , terminated _____

Child's name: _____ Age: _____ B.D.: _____

Parent(s) name(s): _____

Child's primary residence: _____

Other: _____

Home phone: _____

Is child living with both parents? _____ If not, with whom? _____

Mother's day phone: _____

Employer address: _____

_____

Father's day phone: _____

Employer address: _____

Emergency Person: _____ Telephone: _____

Emergency Person: _____ Telephone: _____

Names and phone numbers of person permitted to pick up your child from center:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name, address and phone number of your child's physician: _____

_____

Date of last physical exam: _____

Does your child have any specific health problems which the staff should be aware of? (i.e. vision or hearing loss, allergies, physical limitations, etc.): _____

_____

Please list names and ages of other members of your family that your child relates to: _____

_____

_____

_____

List any specific fears, likes, or dislikes your child has that might help us to know him/her better:

_____

_____

How does your child act when ill? _____

_____

Does your child take naps? _____ What is an averge nap time? _____

Has your child had any previous group experiences? (i.e. co-ops, Sunday school, daycare home)

_____

What was the reaction? _____

_____

Who disciplines your child at home? _____

What method is used at home? _____

Is your child fully toilet trained? _____

If so, at what age did this occur? _____

Does your child have a good appetite? _____

What are your child's interests and favorite activities? _____

_____

_____

_____

Annual Information Update

Child's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Mother's day phone: _____

Father's day phone: _____

Emergency person: _____

Day phone: _____ Relationship: _____

Physician: _____ Phone: _____

People permitted to pick up child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Special concerns: _____

_____

Date last seen by a doctor/last physical exam: _____

Medical concerns: _____

_____

Allergies: _____

Recent Immunizations: _____

New sister or brother? _____

New family living arrangements? _____

Date: _____ Parent signature: _____

DSHS requires you give parents written policies and that you explain these policies to them. Have enough copies on hand for all new parents and for replacements. Put all your policies and procedures in a single handout, called your "Parent Handbook" or "Parent Information Guide."

Parents need some way to keep all your policies in one place for future reference. A three-ring binder, a pocket folder, or simply stapling them together will work. If you hand out your written policies at different stages of enrollment, you should give the parents a folder with the first set of papers. Ask them to add later handouts to the folder.

Some information (like your tuition rate or holiday schedule) changes from year to year. Make sure this information is current on all forms you give to parents. You may want to hand out these as separate pages.

Policies and procedures which you MUST include in your parents information guide:

* If you did not give parents their own copy of the fee and payment plan (or any of the other required written policies we already mentioned), they need it now.
* Enrollment and admission requirements, and policies about reasons for removing a child from the program.
* Have parents sign that they have received, read and understand parent policies.

In most cases, parents take their children out of the center because of a pattern of behavior, not a single incident. Before dismissing a child, the director should have already taken the following steps:

- *Document the incidents. Include dates and what attempts the director made to solve the problem.*
- *Give the parents a clear statement of expected behavior.*
- *Give the parents reasonable advanced warning, so they have time to arrange alternate care.*

On a broader level, if your center loses a customer it is good business to find out WHY. Never underestimate the power of word-of-mouth to affect your center's reputation in the community. If you know parents are withdrawing their child, try to arrange an informal exit interview. Ask them their reasons for withdrawing their child. What things did they like about your program? What things bothered them?

If parents leave without notice, consider sending them a letter. Ask them for input about the child's experience at the center. Ask for ways to improve your services.

* Typical activity schedule for age group of enrolling child, including times of meals and snacks. (Chapter 5).
* Statement that parents are free to visit any part of your center their children use without prior notice.
* Breakfasts, lunches and snacks. Guidelines on food brought from the child's home.
* How and where to sign their child in and out, and why it is so important (Chapter 10).
* How the center handles sick children, medicines, minor injuries, and major medical emergencies (Chapter 14).
* The center's behavior management and discipline policies (Chapter 8).
* Transportation and field trip arrangements (Chapter 9).
* If the center cares for infants and toddlers, a description of diapering, toilet training, and feeding procedures (Chapter 19).
* A description of any religious content in your program. Include a description of holiday celebrations.
* A statement of nondiscrimination, perhaps explaining how your program actively works to break down stereotypes on sex, race, culture, religion, marital status, or handicap (Chapter 31).
* Your procedures and obligations for reporting suspected child abuse or neglect to Child Protective Services (Chapter 32).

Guidelines for Developing Written Information to Parents

INTRODUCTION

Child day care centers are required to provide parents with written information about their facility as specified in Washington Administrative Code (WAC) 388-295-2080. The following underlined items are required. Under each required item is an outline of recommended information to include under each required item. This specific information may vary depending on the unique services provided by your facility. You may add other information that you wish parents to have.

A guide to writing your policies is: What information would I need to have or would be helpful if I were a parent enrolling a child in my center? NOTE: Keeping the communication lines open between you and parents is a key step in developing trust and in working together to provide the best, developmentally appropriate care for children.

1. ENROLLMENT AND ADMISSION REQUIREMENTS

A. State the ages of children served.
B. State your policy on trial visits.
C. State whether or not you take part-time or drop-in children.
D. State whether or not you take children whose care may be subsidized.
E. List the forms parents are required to complete at enrollment. These include, but are not limited to, the following:
   (1) Registration form, including the child's health history.
   (2) A signed fee and payment plan.
   (3) A complete record of immunizations.
   (4) Written consent for children to receive emergency medical care.
   (5) Signed consent for children to go on field trips, including walks and swimming.
   (6) A signed agreement for the child care provider to furnish transportation. Specify the type of transportation, which may include public or chartered bus, van, parent, or staff vehicles, etc.

2. FEE AND PAYMENT PLAN

A. Rates
   (1) Do you charge by the hour, half-day, week, or month?
   (2) State your policy on refunds.
   (3) Is there a sliding fee scale?

B. State if you charge for additional services such as registration, field trips, diapers, special activities, etc.
C. State when payment is due, and how payment is to be made.
D. State your policy on overtime charges when parents are late picking up their child.
E. State your policies on vacation notification and sick days.

F. State when you plan to re-evaluate rates and how much advance notice you will give.
G. State your policy on terminating child care.
   (1) Conditions and notice you will give parents.
   (2) Notice you expect from parents. Is there a penalty fee if parents do not give adequate notice?

3. A TYPICAL DAILY SCHEDULE

A. Provide parents with a typical daily schedule which includes:
   (1) Hours of operation
   (2) Times when meals and snacks are served
   (3) Time when naps are taken
   (4) Activities you plan to provide for infants, toddlers, preschoolers, and school age children. It may be more practical to prepare a separate schedule for different age groups.

4. MEALS AND SNACKS SERVED

A. List meals and snacks you will provide, including breakfast or dinner.
B. Describe a typical breakfast, lunch, and snack.
C. List foods parents are expected to provide. Include requirements and suggestions for providing nutritious foods, including what kinds of food not to send.
D. Indicate that you will monitor foods brought from home to ensure safe preparation, storage, and nutritional adequacy.
E. Indicate that you will supplement foods brought from home that do not meet nutritional requirements, and will provide food to children who may come without a meal. State extra charge for supplement.
F. Indicate that you will prepare snack and meal menus at least one week in advance, and indicate where menus will be posted for parents to review.
G. Describe how you provide for children with food allergies.

5. PERMISSION FOR FREE ACCESS BY THE CHILD'S PARENT TO ALL CENTER AREAS USED BY THE CHILD

Indicate that parents have free access at all times to all areas of the center that their child uses.

6. SIGNING IN AND SIGNING OUT REQUIREMENTS

A. Indicate that parents are required to sign their complete signature when they bring and pick-up children.
B. Indicate the location of the sign-in/sign-out record.
C. Indicate that for school age children, staff will sign-out children when they leave for school, and sign-in the children when they return from school.
D. Indicate that children are not permitted to sign themselves in and out of the child care center.
E. Indicate that you will only release children to persons authorized on the registration form, unless given written permission to release the child to another person by the parent or guardian who enrolled the child. Indicate that you and your staff may ask for verification of identity.
F. State your policy on not releasing children to parents or any other person who is under the influence of drugs or alcohol, if this is your policy.

7. CHILD ABUSE REPORTING LAW REQUIREMENTS

A. Explain that you and your staff are required by Washington State Law and licensing requirements to report immediatley to the police or Child Protective Services any instance when there is reason to suspect the occurrence of physical, sexual, or emotional child abuse, or child neglect or exploitation.
B. Explain that you may not be able to notify parents when the police or Child Protective Services are called about possible child abuse, neglect, or exploitation. This depends on the recommendation of Child Protective Services.

8. BEHAVIOR MANAGEMENT AND DISCIPLINE

A. Describe the disciplinary practices you will use.
B. Indicate that you will not use any form of corporal punishment which includes, biting, jerking, shaking, spanking, slapping, hitting, kicking, or any other means of inflicting physical pain.
C. Indicate that any form of corporal punishment is not permitted on the premises of the child care center by anyone, including parents.
D. State your policy for conferring with parents regarding children who have problems with behavior management. Indicate steps you will take to resolve problems.

9. NONDISCRIMINATION STATEMENT

State that you will provide child care to any child regardless of race, sex, national origin, religion, or physical, mental or sensory disability.

10. RELIGIOUS ACTIVITIES

A. Describe any religious activities, including grace before meals, religious stories or songs, religious instruction, etc.
B. State your policy for parents or children who do not want to paricipate in a religious activity, and what alternatives you will provide.

11. TRANSPORTATION AND FIELD TRIP ARRANGEMENTS

A. If you provide before or after school care, indicate whether or not you provide transportation, or if transportation is provided by parents or schools. If you provide transportation, indicate to and from which schools you provide transportation.
B. For field trips, indicate how transportation will be provided (day care center vehicle, staff vehicles, parents, chartered bus, or public transportation).
C. State safety measures used when transporting children, including seat belts, car safety seats, current first aid and CPR training requirements, fire extinguisher, spare tire, first aid kit, etc.
D. State requirements for drivers to have a current Washington State driver's license, medical and liability insurance, and vehicles to be in safe operating condition.
E. State your requirement for written parent permission for field trips.
F. Policy on children who cannot or choose not to go.

12. PRACTICES CONCERNING AN ILL CHILD

A. Describe your policy for staff to conduct a daily health check of children when they arrive at the facility.
B. Describe your policy for excluding ill children. (Following are examples of symptoms that might indicate the need for exclusion):
   (1) Fever of 101 degrees F. or higher.
   (2) Vomiting on 2 or more occasions within the past 24 hours.
   (3) Diarrhea – 3 or more watery stools in a 24 hour period.
   (4) Draining rash.
   (5) Eye discharge or pink eye.
   (6) Too tired or sick to participate in daily activities.
   (7) Lice or nits.
   (8) Communicable diseases.
C. State how you will deal with a child who becomes ill at your center, to include:
   (1) Notifying the parent to pick-up a child who becomes ill at the center.
   (2) Ill children will be separated from other children and cared for in_____(indicate where ill children will be cared for until parent arrives.)
   (3) State how you will record illnesses.
   (4) State that you will report communicable diseases to the local health department, and notify all parents so they can take appropriate action to protect their children.

13. MEDICATION MANAGEMENT

A. State how you will store and give medication to children.
B. Indicate that all medication must be in its original container and properly labeled with the child's full name, date prescription was filled or medication's expiration date and legible instructions for administration.
C. For non-prescription medication, indicate that the following classifications of medication can be given with written parent consent, only at the dose, duration, and method of administration specified on the manufacturer's label for the age or weight of the child needing the medication:
   (1) Antihistamines
   (2) Nonaspirin fever reducers/pain relievers
   (3) Decongestants
   (4) Anti-itching ointments or lotions, intended specifically to relieve itching.
   (5) Diaper ointments or lotions, intended specifically for use in the diaper area of the child.
   (6) Sun screen
   (7) Nonnarcotic cough suppressants.
D. Indicate that a physician's written authorization is required for non-prescription medication that is not included in the above list, or if it is to be taken differently than indicated on the manufacturer's label, or if it lacks labeled instructions. For example, some labels indicate that for children under 2 years of age, you are required to consult a physician. In that case, a physician's written authorization would be required.

14. MEDICAL EMERGENCIES

A. LIfe threatening emergencies
   (1) Describe how you and your staff will handle major emergencies.
   (2) Describe what you will do and who you will contact if you cannot reach parents.
   (3) State how you will document major emergencies.

B. Minor Emergencies
   (1) Describe how you and your staff will handle minor emergencies.
   (2) Describe what your will do and who you will contact if you cannot reach parents.
   (3) State how you will document minor emergencies.

C. List hospitals used for emergencies (when a choice is possible). State that if parents have a preference other than those hospitals listed, the child care facility will try to accomodate parents, if possible.

   Name and Phone_____
   Address_____

15. POLICIES REGARDING INFANTS AND TODDLERS

A. If the center is licensed for infant or toddlers, include the following:
   (1) POLICY ON DIAPERING
      (a) Indicate if diapers are provided by parents or the center.
      (b) Do you use a diaper service or disposable diapers?
      (c) Indicate if parents or the center supplies plastic pants if disposable diapers are used.
      (d) Describe your diaper changing policy and procedures.
      (e) Indicate if soiled diapers will be returned to parents at the end of the day.

   (2) POLICY ON TOILET TRAINING
      Describe your policy on toilet training, which is initiated when the child indicates readiness, in consultation with the child's parent. Indicate whether you or parents supply training pants.

   (3) POLICY ON FEEDING
      (a) Indicate that you and parents will agree on a schedule for feeding infants.
      (b) Indicate whether the parent or center will supply bottles, nipples, milk, formula or bottled foods.
      (c) Indicate your policy on labeling bottles and foods either brought from home or prepared at the center.
      (d) Indicate your policy about providing semi-solid foods to infants, in consultation with the parent (not before the child is 4 months of age and not later than 10 months of age, unless otherwise recommended by the child's health care provider).
      (e) Indicate your policy on mothers who wish to breast feed their infants.

16. OTHER INFORMATION YOU MAY WANT TO GIVE PARENTS

The following information is not required, but may be helpful to parents and your program:

A. A description of your activity program, developmental approaches with children, cultural relevancy, and how you will serve children with special needs.
B. A description of how you will group children according to age and/or stage of development, the staff to child ratio, and the group size that you will maintain for the various age groups in care.
C. A description of how you plan to communicate with parents, how parents can communicate with you and your staff about their children, and any concerns they may have.
D. State ways that parents can become involved in their child's center. These may include parent advisory boards, classroom observation, parent training provided at the center, volunteering for field trips and center activities, etc.
E. List items that parents must provide, including bedding for naps, containers for soiled diapers, changes of clothes, outdoor wear, tooth brushes, etc.
F. State your policy on labeling of clothing, bedding, etc.
G. State your policy on infection control. Include hand washing procedures; sanitation of toys and equipment, general cleanliness of center, TB testing of staff and volunteers, and HIV/AIDS training for staff and volunteers.
H. State your policy on children bringing their own toys, and who is responsible if toys are lost or broken.
I. State your policy on bringing gum, candy, birthday treats, etc.
J. State your policy on items not to bring to the center.
K. Describe your qualifications and background; give information about staff persons.

You may want to have the parents sign and date the fee and payment plan so it serves as a written contract. A reference to your parent information guide is part of the agreement as well. A signed, written contract is a legal document. Its main purpose is to make the agreement between you and the parents perfectly clear and business-like. Sign and date the agreement as well. Give the parents their own copy.

Policies and procedures you MAY want to include in your handouts:

- Center calendar, vacation schedule, parent conferences, library day, etc.
- Importance of fresh air and outdoor exercise for children; general rainy day policy; whether parents can request you keep their child inside on a particular day.
- Importance for both child and staff to be clear on what days the child will be present. Request that parents let you know when their child will have an extended absence.
- Importance of telling you when information on file about them or their child changes (for example, additional immunizations, or a new work phone number).
- Encouraging parent observations and parent participation in the program.
- Procedures for parents to arrange a conference with their child's care giver or the center director.
- Reasons the center may decide it can no longer provide care for the child.
- Lost and found procedures.
- How your center celebrates birthdays.
- Center policy on personal care items such as hairbrushes or toothbrushes.
- Response to local and national emergencies (including snow day policy).

You might also want to find out from the parents:

- What talents they might be willing to share with the center.
- Whether they are available to help at lunchtimes occasionally or drive for field trips.

Preparing for a Child's First Day

Both parents and the children need to be comfortable and prepared for this new adventure. Tell the parents to prepare their child for the first day of center:

- Invite the child to visit before the first day.
- Show the parents what room or areas the child will be in and the care giver's name.
- Suggest how parents should say goodbye the first day. Tell parents if you want them to stay for a while the first few days.

- Ask parents to tell their children when they will return at the end of the day. They should make extra efforts to be prompt. Also remind parents that it is unsettling for a new child to be the last person to go home.
- Ask parents to label all clothes and personal belongings. Jackets and lunch boxes also need the child's name on them.
- Tell parents things children should bring with them their first day, such as a lunch, slippers, or a special nap pillow. Special security items will help them feel more comfortable in your setting.
- Ask parents to send an extra set of clothes appropriate for the season. Tell parents the procedures for sending home wet or soiled clothes.
- Let parents know things children should not bring to the center, such as toys or candy.

RESPECT A FAMILY'S RIGHT TO PRIVACY AND CONFIDENTIALITY IN THE INFORMATION THEY SHARE WITH YOU OR IN DISCUSSING THEIR CHILD.

Parents worry about changes in their child's behavior the first few days or weeks in your program. Reassure them that an adjustment period is normal and temporary.

Also remind parents that it is very important that they return all forms and authorizations by the child's first day.

The Process of Keeping Parents Informed

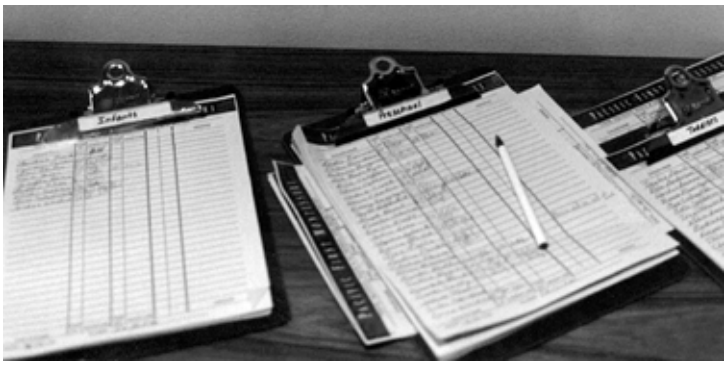
You probably will have daily opportunities for person-to-person contact with parents. Take time to listen and respond when parents want to talk about your services or their child. Schedule a time when you and parents can sit down and discuss their concerns.

The best way to gain parents' confidence and respect is to show that you respect them. This means you:

- Respect parents' views, even when they conflict with your own.
- Respect each family's cultural background, religious beliefs, and child rearing practices.
- Support the children's family. Their primary care givers may be single, married, unmarried, stepparents, grandparents, foster parents, or guardians.
- Make positive, supportive comments to parents about their child.
- Respect a family's right to privacy and confidentiality in the information they share with you or in discussing their child. Share information only with those who have a right to know and who need the information to do their job.
- Establish a parent resource library.
- Clearly separate your personal life from your professional relationship with the parents.

Parents will tell you certain details about their children's care that are very important to them. It may be they want your help seeing that their children:

- *Don't lose a new jacket.*
- *Don't nap more than an hour, because when they do they're up all night.*
- *Wear their boots and mittens and hat when they go outside.*
- *Keep their shoelaces tied.*



You will not be able to grant some parent requests because they are against center policy. Your cooperation with parents on the little things that matter to them will go a long way. They will feel their child is well cared for at your center.

Here are some ways you can keep open the lines of communication with parents.

Sign-In/Sign-Out

Parents are required to sign children in and out each day. Therefore, sign-in/sign-out sheets are a perfect place to pass important information back and forth each day. You can add a column to the sheet for such messages as:

- Reminders to give medicine or to take medicine home.
- Parents authorizing other people to take their children home.
- Requests from parents that their children not go outside that day.
- Notes from parents that their children will be going home early.
- Reminders for parents to bring in extra clothes.

Some messages will be personal or too long to fit on the sheet. The person leaving the message can write on the sheet that a folded note is attached with the person's name on it.

You can also use the sign-out sheets to tell parents about something interesting their children did or said that day. It takes a little time, but it gives parents a sense their child is important to you and helps you inform them about their child's "other world."

Usually a single set of sign-in/sign-out columns is sufficient for signing children in and out. However, before-and-after school children need morning columns for parents to sign them in and providers to sign them out. They also need afternoon columns for providers to sign them back in and parents to sign them out. In addition,

Daily Attendance

Date	Child's Name	DOB	Time In	Parent (or auth. adult) Signature	Time Out	Parent (or auth. adult) Signature

centers need "sign-out/sign-in" sheets when they take the children off site and bring them back. These could be a separate set of forms or a set of sign-in/sign-out sheets with an arrow indicating the columns are reversed.

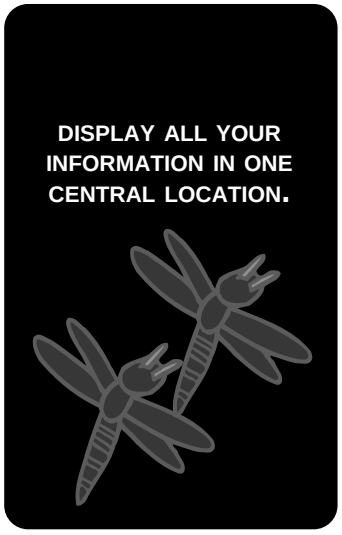
You might want to put children's birthdays (including the year) on the sign-in/sign-out sheets. This can serve as a reminder to providers of the ages of children. It also is useful to licensors in checking the age distributions in a group.

Bulletin Board

Your center benefits from a central information center (somewhere near the sign-in/sign-out sheets is a likely location). You may want to display all your information in one central location, or you may want to spotlight items parents are more likely to be interested in.

In addition to things you must post, which appear in WAC 388-295-7080, the following items you can post will interest parents:

- General announcements, upcoming parent meeting, field trip, or parent conference schedule.
- Payment envelope or driver sign-up sheet for field trips.
- Copy of newsletter.
- Pictures/names of staff.
- Photo display of recent center activities. Parents love it if they can occasionally have one of these pictures to keep.
- Names of new children just starting your program and their parents.
- Credentials of staff.
- Accreditation of program.
- Memberships in education or professional associations.
- Information concerning child or family health. Immunization reminders, product safety, healthy recipes, or health care resources are useful.
- A newspaper article or a flyer on some upcoming family event.
- Designated area for parents to post information.



Getting an important message to parents can be tough. Parents are busy with their own activities. The parent who drops off the child may not be the same parent who picks up the child at night. Announcements must be big, bright, and posted where parents can't ignore them.

Don't assume that letting the parents know once means they'll remember. Strongly encourage parents to mark upcoming events on their calendar. Send home a calendar with center events marked. Ask parents to put it in a place where they will refer to it regularly at home (for example, on the refrigerator door).

Inviting Parents to Observe

Allow parents to visit your center at any time. Advise them of a good time to observe or visit.

Some centers use a handout covering observation guidelines. Talk with parents before their visit about what they would like to watch. Give rules about observers. Allow parents an opportunity to talk to a staff person about what they saw and ask questions.

You cannot afford to manage your program poorly especially at the beginning or end of the day. For parents, seeing is believing. You can tell parents about your wonderful program. If children are watching TV while the staff cleans the center, parents become unhappy customers. Emphasize to staff that nothing concerns parents more than staff not being able to tell them where their children are when they come to pick up their children.

Newsletter

One good way to get information to parents routinely is through a monthly newsletter. It can cover a variety of topics:

- Summary of activities children have done in the past month.
- Suggestions for how parents can follow up on what children have learned.
- Notes from staff members about things that have happened in their rooms.
- Announcements about activities planned for the month to come.
- Ways parents can help out.
- Important dates for parents to mark on their calendars.
- Pats on the back for parents who have helped out recently.
- Child care information parents might find useful. Discipline techniques, sack lunch or snack recipes, or illness prevention are popular topics.
- Gentle reminders about center policy. You can often phrase these as thank-yous to parents doing a good job.

Your newsletter makes announcements to parents. It is also a good parent education tool.

Your parents might like a list of parents' names and phone numbers, along with their children's names. This allows parent contact to arrange carpools and to invite each other's children to their homes.

Make sure everyone you include on a roster gives you permission to list their phone number and address. You may want to include a line on your enrollment form for parents to give you written permission to distribute this information.

Parent Meetings

Parent meetings may be a mix of business and topics of interest to your parents. For example, you might want to have meetings devoted to:

- Dealing with common problems. Getting children to bed or getting them to eat healthy foods are high interest topics.
- Teaching children about personal safety.
- Developing an anti-bias perspective.
- Behaviors to expect at different stages of development, and how to deal with them.

Name tags are a good idea at parent meetings. Have parents write down not only their own name but their child's. Parents can start to associate the names of their children's friends with the faces of their parents.

Not every parent get-together needs to be a business meeting. You might want to organize a social event. Picnics in the park offer a fun and informal way for families and staff to get acquainted.

Parent-Provider Conferences

Of course, much information can and should pass between parents and the center on a regular basis. You may want to schedule regular parent conferences. Organize ahead of time what points you want to cover. You might want to include in the discussion:

- Specific observations about their child's social, emotional, mental, and motor progress. Begin the conversation with a positive comment to put the parents at ease.
- Activities of interest to their child and particular skills.
- Discussion of the their child's developmental stage and resulting changes in their child's behavior.
- Any concerns the parents would like to discuss.
- Discussion of things you plan to concentrate on in the near future. Cover their child in particular and the group in general.

Although the parents were comfortable enough with your program to enroll their child, disagreement may arise on some issues, such as:

- What is considered aggressive behavior.
- How children should talk to adults.
- Acceptable methods of setting limits.
- Whether different behaviors are more appropriate for boys than for girls.
- Learning goals for their child.

Be respectful of these differences while communicating your own observations and goals. Let parents know in what areas you can accommodate their wishes. Also tell them the areas you feel strongly about and will not change. The parents are then able to make an informed choice whether they wish their child to stay in your center.

Parents may feel you are grading them and their child at conference time. Do what you can to put them at ease. Let them know that the purpose of the conference is to help both parents and providers know the child better.

Also, let parents know they can request a conference with their child's caregiver or the center director any time.

Parent Involvement in Your Program

Most parents are willing and pleased to help. Most won't volunteer, however, until you let them know you want their help. If you want the parents to get involved, give them a list of ways they can help for example, they could:

- Be on the board.
- Be a child care helper. Parents who regularly help receive the same orientation you give all staff members.
- Be a lunch helper.
- Be a materials maker.

- Help with bookkeeping or typing.
- Contribute to topics children are currently exploring (fossils from home, books, or stamp collecting).
- Help with repairs.
- Share their cultural heritage or travel experiences in cooking projects, clothing, songs, slides, books, or special objects.
- Helping with holiday celebrations.
- Contributing their time and skills to special projects such as art, music, dance, cooking, weaving, or woodworking.
- Help with trip planning, organization, or driving.
- Help with fund-raising.
- Help their child at home on some skill their child learned at the center.
- Attend a parent work night.

In general, parent involvement improves the quality of the program.

Building Blocks

Regulations, best practices, and helpful hints about:
Staffing, Ratios, Group Size, and Training

Chapters

Chapter 11. WAC 388-295-1010 through 388-295-1050

Staff Pattern and Qualifications

Staff Roles

There are many jobs to do in a child care center. The director needs to set clear responsibilities for all staff so they can do their jobs. Following are descriptions of the different roles in a center, and the qualifications required of staff to fill those roles. Although each role appears separately, centers may divide responsibilities among qualified personnel in a variety of ways. For example, it is possible that:

- Staff members may be able to fill more than one role, if they are qualified and the responsibilities do not interfere with one another. For example, the program supervisor may also be the lead provider for one of the groups during some portion of the day. As another example, lead providers may assist at some point cleaning up the building or helping out in the office.
- More than one person may fill a single role. Larger centers may hire lead staff for every group where each person qualifies to act as program supervisor for their portion of the program.

Good programs need qualified staff and able leaders. As you read through the lists of job responsibilities in this chapter, ask yourself: Is someone in our center doing these jobs?

Director

Staff tend to focus on the children, as well they should. But a center is also:

- A business.
- A service for which parents contract.
- Responsible to comply with minimum licensing standards and other regulations.

Someone must be aware of the "big picture," taking care of management details in a timely and professional manner. Staff need someone they can count on for support or to settle disagreements. Parents need someone who can answer their questions or concerns about the program. Outside parties, including licensors, need someone who is officially responsible for center operations.

Here are some of the major responsibilities of a center director:

- Be a spokesperson for the center's philosophy and goals.
- Interview, hire, and orient staff.
- Talk to visitors, prospective clients, and parents concerned about center policies and practices.
- Meet with licensors and other officials, and correct any deficiencies.

- Inspect the indoor and outdoor environment for health and safety problems.
- Run staff meetings.
- Handle disputes.
- Oversee staff evaluations, including agreed-upon steps for rectifying shortcomings. Dismiss employees not meeting their job responsibilities.
- Serve as the "health advocate" for staff, seeing that health concerns are given proper attention in the program, and consulting with health professionals about areas of uncertainty or concern.
- Negotiate contracts.
- Schedule and host parent meetings.

There are also many "minor" management duties which only seem minor because someone is doing such a good job of taking care of them. For example, someone needs to:

- Pay the staff.
- See to repairs.
- Buy supplies, order equipment, and pay bills.
- Get out newsletters on time (and probably write a good portion of them!)
- Advertise.
- Duplicate materials for staff.
- Bill parents and record their payments.
- Schedule fire drills.
- Prepare snack and meal menus.
- See that children's records are current and complete.
- Make social security and worker's compensation deposits; distribute staff W-4 forms.
- Review the health care plan.
- Apply for renewal of the center's license.

Obviously, the director can and should delegate some of these responsibilities to others. The director can share some of these duties with the program supervisor. Support staff, such as a secretary, office manager, accountant, or food service person, can manage some. Other staff or parent volunteers can also help. It is ultimately the director's responsibility, however, to see that all these jobs are done and done well.

Often a provider in a small center tries to do it all; that is, to be director, program supervisor, and a primary care giver for children. As we hope this chapter shows, such a plan is often unrealistic. It is difficult to run a quality program with only one qualified person to fill all roles. What happens if you get sick or have a death in the family? Who can substitute for you?

Parents or an office secretary or administrative assistant can help out with some of the paperwork, answering phones, buying supplies, etc., but that still leaves many duties that only the director or program supervisor can fulfill. Be realistic. Don't stretch yourself too thin. If you do, you will not be able to enjoy the children or offer the quality of care you want to give.

The director chooses which business and child care functions to delegate to support personnel or the program supervisor. There are some education and experience requirements for the director position. Unless the director also meets the requirement for a program supervisor, the person shall have had two years experience working with children and completion of one three-credit college level course in early childhood education, or the equivalent. Persons submitting credentials for director positions must document that they have the background and leadership skills to run a child care business. Licensors will expect job descriptions of other staff to cover duties which the director is not qualified to perform.

Program Supervisor

Someone on staff has to be more than a good business manager. The staff person filling the program supervisor's job must have a solid working knowledge of developmentally and culturally appropriate practices for the children in care. This person will be a model for the rest of the staff in how to organize activities and how to relate positively to children. While education and reading about quality child care are important, they cannot substitute for actual experience providing care for children.

Unless each lead provider has the education and experience to supervise their own portion of the program, the program supervisor must have adequate duty time not caring for children. Even with highly qualified staff caring for children in each room, one staff member must carry the official program supervisor title. This person must submit their credentials to the licensor and is responsible for overall program quality. The program supervisor must be on the premises at least twenty hours per week, except in school age child care programs where the minimum is ten hours.

It makes no sense in a smaller center to keep the person most qualified to provide quality care namely, the program supervisor out of the classroom. Often program supervisors are most effective when they are working with the children:

- *Modeling skills for the other providers.*
- *Communicating with families.*
- *Guiding daily implementation of the program.*

If there is only one person meeting program supervisor qualifications, they need to reserve time to drop out from providing care to fulfill program supervisor duties. This is especially important when some staff are providing care in parts of the center beyond the program supervisor's hearing and sight. The program supervisor is responsible for:

- Supervising the layout of the indoor and outdoor environments.
- Selecting furniture, play materials, and other supplies to meet the developmental and cultural needs of each group of children in the center.
- Seeing staff receive training in communication skills, techniques of behavior management, and information on how to do their particular job.

- Supervising the staff's team development of monthly themes and daily planned activities and seeing that staff carry out planned activities.
- Creating a workable record keeping and filing system for activity program plans, and seeing that staff uses it.
- Making sure staff prepare activities in advance so all necessary supplies are available and ready for the children to use.
- Monitoring staff performance.
- Giving feedback or extra training on consistency of ground rules, quality of activities, communication, or conflict management skills.
- Being an answer person for the staff on how to meet the needs of particular children.
- Determining what additional training is appropriate for the different persons on staff. Being aware of training opportunities in the community, encouraging staff attendance, and scheduling on-site training sessions.
- Generally, seeing that the center is a stimulating, developmentally appropriate place for children.
- Training and supervising staff persons.

Training Required of the Program Supervisor

DSHS will accept any of the following as fulfilling the training requirements for program supervisor:

- A graduate or four-year degree in child development, early childhood education, or elementary education.
- A two-year degree or certificate of proficiency in early childhood education.
- Community College credits in early childhood education:
  - forty-five (45) for a center 25 or larger
  - twenty five (25) for a center 13 thru 24
  - ten (10) for a center 12 or less

IT IS THE RESPONSIBILITY OF THE PERSON DESIRING THE ROLE OF PROGRAM SUPERVISOR TO DOCUMENT HOURS AND TOPICS OF CONFERENCE, WORKSHOP, AND SEMINAR ATTENDANCE.

- Vocational college clock hours in early childhood education. (One credit generally equals 10 clock hours)
- A Child Development Associate credential (CDA) through the National Council for Early Childhood Professional Recognition. (For more information about this national assessment and credentialing program, see the Resource section at end of this guidebook.)

The 45-credit requirement for the program supervisor need not all come from college courses. Workshop and conference attendance and pre-approved time spent interning under a qualified program supervisor also count. The limits on credits allowed from any one type of training are:

* At least thirteen (13) of the 45 credits must be in early childhood education courses (see list below), and from an accredited, post secondary institution.
* As many as sixteen (16) of the 45 credits can come from documented clock-hours of attendance at workshops, conferences, etc. It takes ten (10) clock-hours to equal one credit-hour. Therefore, 160 clock-hours can apply to the program supervisor training requirement.
* In child care programs caring exclusively for school age children, to qualify for the program supervisor position, the person will need to have completed:
  * thirty or more college credit hours in early childhood education or
  * equivalent work in such courses as recreation, physical education, music, art, education, home ecnomics, psychology, or
  * social services.

It is the responsibility of the person desiring the role of program supervisor to document hours and topics of conference, workshop, and seminar attendance. They must also give to the licensor transcript copies of courses they take at educational institutions.

Training sessions required for employment such as first aid, CPR, and AIDS/HIV certification or attendance at center orientation sessions do not count toward the credit hours requirement.

* As many as sixteen (16) of the 45 credits can come from a supervised internship in an educational facility, working under a qualified program supervisor. The licensor must, however, approve in advance the internship. Each quarter of internship equals one credit.

Sometimes a center wishes to hire a program supervisor who does not meet all requirements but is close to completing the necessary course work or experience to meet them. Under some circumstances, DSHS may grant a waiver if the center applies for one. The waiver request should include a plan of completion, outlining:

- *The applicant's current qualifications and background.*
- *The plans to fulfill the education requirements.*
- *A projected time of completion.*

If the program supervisor fails to satisfy the full training requirements within a reasonable amount of time, the department will revoke the waiver. (Remember that waivers only apply during the current licensing period.)

Often persons who have not earned a degree in early childhood education, child development, or elementary education have taken extensive relevant course work. College course work, in-service training, and workshops for meeting early childhood education requirements must be on topics directly related to caring for young children. Examples are:

- Growth and development of children, both typical and atypical.
- Curriculum models.
- Teaching strategies.
- Activities and practices appropriate for different age groups either as a general topic, or in a particular subject area such as language experiences, art, music, science, movement activities, etc.
- Guidance of children, behavior management, communication strategies, conflict resolution.
- Planning, implementing, and evaluating activities.
- Observation skills for screening and assessment.
- Working with special needs children.
- Caring for infants.
- Multicultural activities, recognizing and combating bias.
- State licensing regulations.
- "How to" courses on implementing a particular program model or curriculum.
- Social services and community resources related to children.
- Things to consider in designing spaces for children.
- Safety and hygiene issues, emergency procedures.
- Nutrition issues, cooking activities for children.
- Working together as a staff, group decision making and leadership, conflict resolution.
- Working with families.
- Working with volunteers.
- Ethical and legal issues in early childhood education.
- History, philosophy, psychology, and sociology courses dealing with early childhood education.

YOUR LICENSOR, RESOURCE AND REFERRAL, AND LOCAL CHILD CARE PROVIDER ASSOCIATIONS ARE THE BEST SOURCES FOR LEARNING WHAT TRAINING OPPORTUNITIES ARE AVAILABLE IN YOUR AREA.

- Management courses about treating your child care center as a business, or directing staff.

These topics are also suitable for staff in-service training (see Chapter 13). To satisfy early childhood education requirements training must be presented by a recognized educational institutuion or professional.

Sources of Early Childhood/Child Development Training

- College or vocational institute courses.
- Workshops or conferences sponsored by WAEYC, your local early childhood education association, Resource and Referral, OSPI food program, etc.
- Staff meetings with an invited speaker or use of commercially available training materials.
- Consultants.
- Approved televised courses on child development, parenting, or early childhood education.
- Other on or off-site training opportunities.

Your licensor, Resource and Referral, and local child care provider associations are the best sources for learning what training opportunities are available in your area.

Participants must document attendance at training. Most workshops give certificates of completion, or you can ask the workshop presenter to sign and date the program at the end of the session. You can also obtain college credits for selected televised training series.

Lead Providers

The care children receive on a day-to-day basis is in the hands of your lead staff. You will want people in these positions who are mature enough and responsible enough to provide care of which you can be proud.

Lead staff must be at least 18 years old and have stayed in school at least through high school. Proof of education is a high school diploma or its GED equivalent.

If applicants have not completed high school, they must have a background showing they can run a developmentally appropriate program. This would include:

(1) Child development experience, meaning at least one year's experience working in a licensed child care center or home; AND

(2) Child development knowledge, meaning they have completed at least one early childhood education class or its equivalent (30 clock-hours of child-care related workshops).

Obviously, these are minimal requirements for someone who will be the primary care giver for children in your center. There is no better place to invest your time and money than in searching for highly qualified staff and paying them what they are worth.

Don't overlook the need for qualified and available substitutes. Providers will need replacements for sick days, vacations, workshops, etc. Possible sources are:

- *A pool of qualified substitutes or parents you have used in the past, so they are familiar with your program.*
- *Qualified staff members who work other parts of the day and are willing to work extra hours.*
- *An extra staff person who has been used as a "floater," helping out in the room where they are needed most.*
- *The program supervisor or the director.*
- *Office personnel qualified to switch roles when necessary.*

Let parents know how the program supervisor and lead providers coordinate with assistants and volunteers in caring for their children. Parents may be concerned their children are not getting the services of your "best" staff if they only see children with support personnel.

Keeping the faces consistent is just as important as maintaining small groups and low staff-child ratios. That means assigning specific providers to specific groups, and keeping to a minimum the number of providers rotated through a group during the day.

Assistants, Volunteers, and Support Personnel

All persons working with children in the center must be at least 16 years old. They must be 18 if, at any time during the day, they are responsible for a group of children.

All persons at the center who have regular or unsupervised access to the children, whether paid or volunteer, must:

* Receive an orientation to the center's program.
* Have a criminal history and background inquiry check.
* Complete a tuberculosis test.
* Complete HIV/AIDS training.

Assistants must also have a job application form on file. First aid and CPR training are necessary if the assistant or volunteer is ever assigned sole responsibility for a group of children.

Assistants

By definition, an assistant's job is to support the lead provider, not to be in charge. There may be times, however, when the assistant takes responsibility for a group of children while the lead provider is briefly out of the room. For example, the lead provider may need to answer a phone call, use the rest room, or take a scheduled 15-minute break. An assistant or volunteer may not be in charge of the group more than 15 minutes. Also, an assistant or volunteer must be 18 years of age or older if left in charge of a group. The program supervisor or director may need to step into the room if the lead teacher is away longer.

Volunteers Working with the Children

Volunteers working with children can be part of the staff-child ratio if the volunteer meets position qualifications.

You should be cautious in counting on volunteers to meet your staff-child ratios, since volunteers may not show up as faithfully as staff, or may quit unexpectedly.

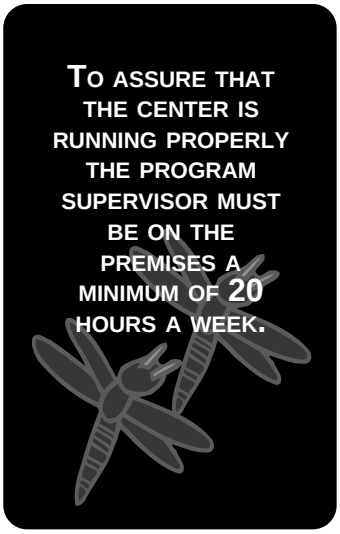
You may be able to find people in your community with special areas of expertise who volunteer to drop by your center on a part-time basis and enrich your program. For example, they may be able to provide enrichment activities such as dance, art, music, movement, languages, or science.

Volunteers who can add to your program can be found in various places. For example:

- You may find a high school or college student or a retired person who is willing to donate their time in exchange for experience working with children.
- Some of your parents may wish to donate their time and expertise or to work in exchange for a reduced tuition fee.

- Local museums, parks, theaters, dance companies, etc., may have persons willing to donate time to work with your children.

For that matter, you may even be able to pay someone to enrich your program offerings. Specialty classes can be a selling point with prospective parents.



Support (non-child care) Personnel

There are a multitude of tasks besides tending to children to do in a child care center. There are snacks to prepare, floors to sweep, materials to duplicate, bathrooms to clean, ledgers to update, equipment to sanitize, and phone calls to return. The director and program supervisor must either:

- Do all these non-care providing tasks themselves.
- Hire sufficient child care staff and arrange schedules and job duties so staff are free from child care responsibilities to tend to non-care functions.
- Rely upon paid or volunteer clerical, cleaning, and cooking staff to take care of some of these functions.

Staff-child ratios include only those staff actually providing care at any given time.

Who's in Charge?

The persons in charge of running the center and the program, the director or program supervisor, must be on site most of the time the center is open, because:

(1) Staff need answers to questions and supervision throughout the day.

(2) Parents may have questions only the director or program supervisor can answer. Parents often wish to speak to the director when they drop off or pick up their child. Parents also want to know that persons whose expertise they most trust are present and supervising program quality.

(3) The children deserve continuity, stability, and quality care.

To assure that the center is running properly:

* The program supervisor must be on the premises a minimum of 20 hours a week.
* Either the director or the program supervisor must be on the premises during the time a majority of the children are present. Examples of times when their presence may not be as essential are children's early arrival or late departure times or portions of nap time.
* The hours when the director and program supervisor are present must appear on the staff duty poster for parents to see.
* The person in charge of the center when neither the director nor the program supervisor is present must have the qualifications of a lead provider or better.
* Aides or volunteers cannot be in charge of the center, even on a temporary basis, unless they have the qualifications of a lead provider or better.

Whoever is in charge of the center during a certain portion of the day must be on the premises and available except for an occasional temporary absence. "Temporary" means:

- Of short duration no more than fifteen minutes.
- Not on a regularly scheduled basis.

If the person in charge needs to leave and is unsure when they will return, they must designate another qualified staff member to be in charge. The director must make clear to staff and parents who is in charge of the center at all times.

If for some reason both the director and program supervisor are not on site, a competent person must be in charge until they return. This person should be free of other responsibilities to oversee the center. It is poor practice for both the director and program supervisor to be away at the same time.

Chapter 12. WAC 388-295-2090

Group Size and Staff-Child Ratios

Research indicates one consistent measure of quality child care is a staff-child ratio which allows for individual attention. A low staff-child ratio means that there are enough adults ready to be responsive to the children's needs. Keeping the child-staff ratio low means you can create a sense of belonging for the children. If there are enough staff, there will be fewer restrictions on children, less noise and tension, and you'll find children more responsive and cooperative.

It is not just the staff-child ratio which contributes to quality child care, however. Research also shows small group size is very important. When children are in smaller groups, there is usually less noise and more cooperation. Children have fewer distractions, and adults have more opportunities to respond to the individual needs of the children. In a small group, children don't have to wait as long for turns, and transitions between activities are much simpler. The licencing standards permit groups to be no larger than twice the staff-child ratio.

Only staff actually providing care are part of the staff-child ratio – An adult being in the room is not sufficient. A cook who is preparing meals or a staff person whose job responsibility at the moment is cleaning the center are not part of the staff-child ratio.

It may be that only two or three children normally arrive during the first half hour the center is open or stay the last half hour. At no time should there only be a single person on site unless a second staff person is "readily available" in an emergency. The safest practice is for that second person to be on the premises, within easy calling distance. If not, a system for rapid emergency response must be in place and part of the Health

Care Plan. The designated backup person should be at a known location and close enough to respond to a phone call in five minutes or less.

Infants require a separate care area in centers licensed for 13 or more children. You may not mix infants with children from other age groups. You may briefly combine children of different age groups provided that you maintain the staff-to-child ratio and group size designated for the youngest child in a mixed age group.

Maximum Age of Children	Staff -Child Ratio	Group Size
1 month through 11 months (infant)	1:4	8
12 months through 29 months (toddler)	1:7	14
30 months through 5 years (preschooler)	1:10	20
5 years and older (school-age child)	1:15	30

Continuous Supervision

Even during rest periods and transition from inside to outside or room- to-room, staff must supervise children. It is advisable to send a staff person with the first children to move to another area. Children cannot leave the grounds unattended or be in a room alone with a closed door, except in a bathroom.

During rest time, a staff person may be filling out daily reports, making materials, or cleaning up. This must occur so that they can still see and hear resting children.

Staff can adequately supervise older children without making them feel under pressure. Children in a group are hungry for small opportunities for privacy. Allowing children chances to be momentarily "out of the spotlight" is not only okay, it is advisable. It is acceptable to give children some freedom in their care room or on the playground, such as:

- Reading corners blocked off from the rest of the room by secure dividers.
- Small raised lofts.
- "Forts" behind the bushes on the playground.

Movement by the providers is the key. They must be aware of developments in the total space which children are occupying. When children are in private spaces, providers must:

- Be able to see in if necessary.
- Be able to hear what's going on.
- Look in occasionally.

Chapter 13. WAC 388-295-1080

Staff Development and Training

Choosing Your Staff

Where to Look

Get in touch with organizations that can publicize you are hiring and perhaps supply you with the names of people looking for a job. Among the resources you might tap are your local:

- Child care provider organization or other providers whose programs are similar to yours.
- Resource and Referral.
- High school vocational counselors or home economics teachers.
- College or voc-tech early childhood or teacher education programs, or the college's placement office.
- Newspapers or child care newsletters.
- Employment agencies.
- Bulletin boards at the community center, grocery store, laundromat, etc.

Any notice of job opportunities you distribute should give the job title plus some information about job responsibilities (including starting date), qualifications required, and how to contact you.

Interviewing

Job applicants must fill out an application form, preferably before the interview. In interviewing for staff, be on the lookout for qualities which do not show up on a resumè. You can train persons on communication skills, expectations for children of different ages or different cultural backgrounds, and job skills. First, however, the person must be comfortable with children and with your center's philosophy. There are some things you cannot train.

- Concern for and love of children.
- Kindness.
- Respect for others.
- Cheerfulness.
- Warmth.
- Flexibility.
- Stability.
- Enthusiasm and lots of energy

Building Blocks
Application For Employee or Volunteer Services, Licensed/Certified Child Care Agencey—DSHS10-A6(X)

Washington State Department of Social & Health Services

APPLICATION FOR EMPLOYMENT OR VOLUNTEER SERVICES
LICENSED/CERTIFIED CHILD CARE AGENCY

INSTRUCTIONS

PURPOSE

The purpose of the Application For Employment Or Volunteer Services, Licensed/Certified Child Care Agency, DSHS 10-196, is to assist the agency director in putting together information which would be necessary in making decision about hiring and to assist in checking the background of applicants who will have access to children.The form does not contain all the information desired by some agency directors. Directors may supplement this form as they see fit. Agencies may be granted approval by the Division of Child Care and Early Learning (DCCEL) offices to use their own forms provided that those forms include essentially the same background information regarding employment history, volunteer history, educational background, references, and such.

USE OF FORM

The DSHS 10-196 is used by all licensed/certified agencies. In accordance with WAC 388-150-470:

> "Each employee and volunteer having unsupervised or regular access to the child in care shall complete and submit to the licensee or director by the date of hire: (a) An application for employment on a department-prescribed form, or its equivalent."

INSTRUCTIONS TO AGENCY

1. All licensed/certified agencies are to have each employee, assistant, or volunteer who has unsupervised access to children, expectant mothers, or developmentally disabled persons complete this form.
2. Retain a copy of the completed form in the agency's personnel files.

DSHS 10-196 (REV. 09/2002) INSTRUCTIONS

(3/96)

Washington State Department of Social & Health Services

APPLICATION FOR EMPLOYMENT OR VOLUNTEER SERVICE
LICENSED/CERTIFIED CHILD CARE AGENCY

A. The Department of Social and Health Services (DSHS) does not discriminate in employment practices because of race, creed, color, national origin, sex, disability, age (40+), sexual orientation, marital status, disabled veteran status, or Vietnam era veteran status.

B. Employment or volunteer service in a licensed child care agency is conditioned on a background check completed by the licensing unit.

C. Upon employment, you will be required to show proof of identity and citizenship.

1. NAME OF AGENCY

2. POSITION FOR WHICH YOU ARE APPLYING | 3. DATE

4. YOUR NAME | 5. ARE YOU 16 YEARS OR OLDER? ☐ Yes ☐ No | 6. SOCIAL SECURITY NUMBER

7. YOUR HOME ADDRESS | CITY | STATE | ZIP CODE | 8. TELEPHONE NUMBER(S)

9. DAYS AND HOURS YOU ARE WILLING TO WORK | 10. EXPECTED SALARY

11. Do you have a current:

	YES	NO
Washington Food Service Worker permit? (required of all staff persons preparing full meals per WAC 388-150-250, et al)	☐	☐
HIV/AIDS Training Card?	☐	☐
Tubercular test result (Mantoux method)? (required of all staff persons having regular contact with children per WAC 388-150-220, et al)	☐	☐
Multimedia standard first aid card?	☐	☐
Infant-Child Cardiopulmonary rescusitation (CPR) card? (at least one person with first aid/CPR is required to be present in each area per WAC 388-150-200, et al)	☐	☐

12. Education:

a. High school graduate or General Education Development (GED) test passed? ☐ Yes ☐ No

b. Early childhood education course work in high school? ☐ Yes ☐ No

c. Post high school training (college, business school, military, etc.):

NAME AND LOCATION	DATES	CREDITS EARNED	GRADUATED?	DEGREE/DATE	MAJOR OR SUBJECT

13. Conferences/workshops you have attended related to job duties:

TITLE OF CONFERENCE/WORKSHOP	CLOCK HOURS	TRAINER OR SPONSOR

14. TRAINING AND SPECIAL SKILLS

15. COURSES IN EARLY CHILDHOOD EDUCATION

DSHS 10-196 (REV. 09/2002) TRANSLATED

PAGE 1

14. Employment history (start with current or most recent employer, include volunteer experience):

EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME
EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME

OSHS 10-199 (REV. 09/2002) PAGE 2

YOUR NAME	SOCIAL SECURITY NUMBER

EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME

EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME

EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME

EMPLOYED BY:		TELEPHONE NUMBER		FROM (MONTH, YEAR)
ADDRESS	CITY	STATE	ZIP CODE	TO (MONTH, YEAR)
SPECIFIC DUTIES				TOTAL TIME EMPLOYED
				HOURS PER WEEK/LAST SALARY
REASON FOR LEAVING				SUPERVISOR'S NAME

If more space is needed to write your employment history, attach another sheet of paper.

15. May we contact your present employer? ☐ Yes ☐ No

16. Professional/personal references:

NAME	ADDRESS	TELEPHONE NUMBER

17. I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authoirize an investigation of statements contained in this application which will allow the employer to make an employment decision.

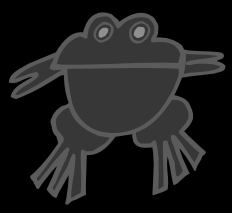
YOUR SIGNATURE	DATE

DDHS 10-199 (REV. 09/2002) PAGE 3

These qualities are important in a person who will be working with children. In addition, staff members must be able to meet the physical challenge of working with children. Finally, you might be interested in finding staff that reflect the ethnic mix of the children you have in care. This is especially important when the group of children is racially and culturally diverse.

In order for you to hire applicants, they must prove that they do not have tuberculosis (see Chapter 15). They must also complete a criminal history and background inquiry that screens for a record of child abuse or crimes against others (see Chapter 35). They must also document that they meet the qualifications for their position.

YOU MIGHT BE INTERESTED IN FINDING STAFF THAT REFLECT THE ETHNIC MIX OF THE CHILDREN YOU HAVE IN CARE.



You cannot depend on the department to do your staff screening for you. It is much more important to:

- *Carefully interview the applicant.*
- *Check references. Often you will learn more by contacting previous employers than you will talking to the professional references listed.*
- *Observe employees in action during the early days of their employment.*
- *Arrange for the applicant to spend a few hours observing staff and children.*

Personnel Policies and Contracts

The best way to avoid misunderstanding and disagreements about job responsibilities, personnel policies, or benefits is to put the terms of employment in writing. Centers with five or more employees must have a written set of personnel policies. All centers must review their policies with employees at the point of hiring. Best practice is to:

- Use the general personnel policy to write a description of the position being filled.
- Review the terms of employment with the new employee, making changes if necessary.
- Use the final document as a contract, to be signed and dated by both parties.

Topics you may want to cover in your personnel policies are:

- A detailed job description.
- Salary and hours.
- Fringe benefits.
- Evaluation procedures.
- Grievance procedures.
- Termination procedures.
- Non-discrimination.

Possible fringe benefits

- Social security.
- Worker's compensation.
- Sick leave, personal leave.
- Paid vacation.
- Professional days.
- Paid time and payment of fees for attending workshops, conferences, early childhood courses, etc.
- Paid maternity or paternity leave.
- Health or dental insurance.
- A retirement plan.

Most child care providers are natural nurturers. It is important that they also be nurtured. You might want to try:

- *Taking a valued staff member out to lunch at a nice cafe every once in a while.*
- *Ordering a take-out or catered meal for a staff meeting.*
- *Giving end-of-the-year staff gifts.*
- *Giving bonuses for special occasions or quality work.*
- *Giving staff members paid well days to spend as they wish, or occasionally letting them go home early.*

A pat on the back is always welcome. A staff person that feels appreciated is a happy worker and a happy staff gives the children better care.

Guidelines for Developing Personnel Policies

REQUIREMENT:

All child care agencies are required to have written personnel policies if they have 5 or more employees (paid or unpaid).

1. **ENROLLMENT AND ADMISSION REQUIREMENTS**

   A. Include a statement that the agency does not discriminate on the basis of race, creed, religion, color, national origin, sex, age, marital status, Vietnam era veteran status, or disability. **Except,** in a child care facility, staff must be at least 16 years of age to work with supervision; and staff must be at least 18 years of age to be left in sole charge of a group of children.
   B. Describe procedure to deal with complaints related to non-discrimination.
   C. For agencies with 15 or more employees(full & part-time), describe how you will meet the following requirements.
      (1) The agency must be accessible to people with disabilities
      (2) Post a non-discrimination policy
      (3) Appoint a coordinator to oversee compliance with Section 504 (related to people with disabilities)
      (4) Assure that people with who are not fluent in English are not denied services. This would include translation of written information and interpreters.
      (5) Have an internal complaint procedure to resolve complaints of discrimination

   D. In addition, if a child care agency has more than 50 employees and contracts with DSHS for more than $50,000, the agency must have a written affirmative action plan in accordance with U.S. Department of Labor guidelines.

2. **BOARD OF DIRECTORS**

   A. If there is a board of directors, describe the relationship of the board to the director and the agency
   B. Describe any authority the board has to hire/terminate the director or any other staff
   C. Include a copy of the Article of Incorporation and by-laws.

3. **HIRING PROCEDURE,** may include, but may not be limited to the following:

   A. Application
   B. Job Interview(s)
   C. Reference Checks
   D. Copies of transcripts, diplomas, or certificates to verify education
   E. Background and criminal records check completed by the Department of Social and Health Services
   F. Completion of Employment Eligiblity Verification (Form I-9) (Required by U.S. Immigration Naturalization Service)

4. **ORIENTATION** which includes, but is not limited to the following:

   A. Minimum licensing requirements
   B. Goals and Philosophy of the agency
   C. Planned daily activities and routines
   D. Child guidance and behavior management methods
   E. Child abuse and neglect prevention, detection, and reporting policies and procedures
   F. Special health and development needs of individual children
   G. The health care plan
   H. Fire prevention and safety procedures
   I. Personnel policies (required in writing with 5 or more employees (paid or unpaid)

5. **EMPLOYMENT REQUIREMENTS,** includes, but may not be limited to the following:

   A. TB test
   B. Current First Aid Training
   C. Current CPR training for the ages of children being supervised
   D. HIV/AIDS Training
   E. Food Handler's Card, if required
   F. Current Washington State Driver's License, with appropriate endorsements, if required
   G. Attend in-service training and staff meetings
   H. Responsibility to be at work on time and call if the employee is going to be late, ill or otherwise going to be absent
   I. Statement that employees will act in a professional manner and will treat children with respect and in a developmentally appropriate manner.
   J. Statement that employees will follow the minimum licensing requirements and the policies and procedures of the agency.

6. **CONFIDENTIALITY**

   A statement that information about clients will be maintained in a confidential manner, and will not be disclosed to unauthorized persons unless there is written permission from the parent(s) or guardian.

7. **PROBATIONARY STATUS AND EVALUATION**

   A Describe length of probationary status
   B. Describe evaluation process during probationary period
   C. Describe evaluation process after the employee becomes permanent.

8. **JOB DESCRIPTIONS**

   A. Specific job descriptions for each position (paid or unpaid)
   B. Specific qualifications for each position (paid or unpaid) to include age, education, experience and personal qualities)

9. **HOURS OF WORK AND RATE OF PAY**

A. Describe hours to be worked, rate of pay (full and/or part-time)
B. Describe how often salaries are paid
C. Describe lunch, dinner, and coffee breaks
D. Describe paid holidays
E. Describe pay or other compensation for overtime
F. Describe promotional opportunities and procedure/criteria for pay raises

10. **FRINGE BENEFITS,** may include, but may not be limited to the following:

A. Paid vacations and sick leave
B. Parental leave
C. Maternity/paternity leave
D. Funeral/bereavement leave
E. Military Leave
F. Jury Duty
G. Paid Training
H. Reimbursement for Travel
I. Health Insurance
J. Disability Insurance
K. Paid child care as a fringe benefit
L. Retirement Plan

11. **LEAVE WITHOUT PAY**

Describe under what circumstances, if any, leave without pay may be granted.

12. **GRIEVANCE PROCEDURE**

Describe process/procedure when staff have a conflict/problem with a co-worker, supervisor, director, board of directors, or working conditions.

13. **DISCIPLINARY ACTION**

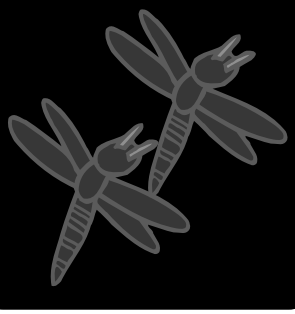
A. Describe grounds for taking disciplinary action against an employee.
B. Describe disciplinary action that may be taken.
C. Describe process, include appeal process, if disciplinary action is taken.

14. **TERMINATION AND RESIGNATION**

A. Describe grounds for termination or dismissal.
B. Describe process to provide notice to employee of termination or dismissal.
C. If termination is due to Reduction in Force, describe options that are available to staff, including reassignment, severance pay or continuation of benefits, if available.
D. Describe policy/procedure for staff to notify the agency if staff want to resign/terminate employment.

Salaries and fringe benefits can consume 75 percent of a center's budget or more. It is tempting, therefore, to save money by reducing staff salaries and fringe benefits. However, low salaries and poor fringe benefits do not attract and hold highly qualified personnel. When you consider the extra time and energy a center with high turnover spends finding, hiring, and training staff, the "savings" are questionable.

AN IMPORTANT PART OF ANY CHILD CARE PROGRAM IS PREDICTABILITY.



You cannot serve children well by having an ever-changing series of providers who are semi-qualified, poorly trained, unfamiliar with the children, and poorly motivated. If we want parents and the community to treat us as professionals, we must try to offer professional wage and fringe benefit packages.

Familiarizing New Staff with Your Center

An important part of any child care program is predictability. Both adults and children will be more comfortable if they know what happens next. Notices about new staff, introduction of new children, and a good orientation for both adults and children will reduce stress and help your center run smoothly.

Both employees and volunteers must be familiar with your policies, practices, and procedures. Centers must offer an orientation session covering both licensing requirements (health, fire, child abuse, minimum standards) and programmatic issues (goals, scheduling, materials, discipline policy, special needs of particular children). See the list in WAC 388-295-1080.

Most new staff need a "shakedown cruise" with the program supervisor or some other designated staff person. They need a chance to see where the supplies are, get to know the children, and have someone model familiar routines for them before they work alone.

Don't forget the children's needs. They need to meet the new person and learn what that person will be doing. Most times when a new person is starting an old person is leaving. Children need an opportunity to say goodbye.

Some centers find it valuable to have a staff handbook, which covers all of this material in writing. This is one way to make sure no important details are skipped in the orientation. It also gives staff a way of reviewing policies and procedures later. Some centers ask new employees to sign the staff handbook after they read and understand it, others use an orientation checklist.

Required Training for Staff

First Aid/CPR Training

Best practice is for all staff to have current CPR and first aid training appropriate to the ages of the children in care.

The licensee must maintain copies of the cards at the center. At the very least, you must ensure that a person with current, certified training is present:

- When the first child arrives and the last child leaves.
- With each group of children, inside and outside the center.
- In a center-owned or operated vehicle being used to transport children.
- With children playing in or near water.

You are risking serious legal liability not to mention personal heartache if there is an accident and you did not have properly trained staff supervising the child.

Department-approved first aid training is available from:

- The Red Cross.
- The Department of Labor and Industries.
- Various health offices, fire departments, community colleges, vocational technical institutes, hospitals, and qualified individuals.

BEST PRACTICE IS FOR ALL STAFF TO HAVE CURRENT CPR AND FIRST AID TRAINING APPROPRIATE TO THE AGES OF THE CHILDREN IN CARE.

Orientation of Employees and Volunteers

Center policies and procedures orientation is required for all new employees and volunteers within a reasonable period from date of hiring. See Washington Administrative Code (WAC) 388-295-1080. Employee or volunteer initials and dates each item discussed: (Indicate N/A if not applicable)

Date	***Initial***	***Item Discussed***
_____	_____	1. Personal policies (when employing 5 or more persons.)
_____	_____	A. Job description (copy to each employee/volunteer)
_____	_____	2. Staff/volunteer requirement
_____	_____	A. Chain of command
_____	_____	B. In-service training plan
_____	_____	C. Staff meetings
_____	_____	D. Background inquiry clearance
_____	_____	E. TB test
_____	_____	F. CPR
_____	_____	G. First Aid training
_____	_____	H. HIV/AIDS training
_____	_____	I. Washington state driver's license
_____	_____	J. Food handler's permit
_____	_____	3. Minimum licensing requirements (copy to each employee & volunteer) include:
_____	_____	A. Capacity of center and rooms/areas
_____	_____	B. Required staff to child ratio, age limits & group size
_____	_____	4. Fire protection & prevention procedures
_____	_____	A. Fire evacuation plan
_____	_____	B. How to test smoke detectors
_____	_____	C. How to use fire extinguishers
_____	_____	D. How to conduct inspection of center to identify & correct fire hazards
_____	_____	E. Resetting fire alarm system (only with permission of local Fire Dept.)
_____	_____	5. Behavior management
_____	_____	A. Prohibition of spanking & any corporal punishment
_____	_____	B. Positive discipline techniques

Orientation of Employees and Volunteers

Date	*Initial*	*Item Discussed*
_____	_____	6. Prevention, detection & reporting requirements of child abuse, neglect, and exploitation
_____	_____	A. Reading **"Educator's Guide to Child Protective Services"**
_____	_____	7. Health Care Plan (include):
_____	_____	A. Steps to take in medical emergency
_____	_____	B. Steps to take when child becomes ill or is injured at center
_____	_____	C. Medication Management (include parent permission for prescription medication; storage; disbursement & record keeping)
_____	_____	D. Location of first aid kit & emergency lighting device (or flashlight)
		E. Handwashing for staff/volunteers & children
_____	_____	8. Infant and toddler care
_____	_____	A. Diaper changing procedures
_____	_____	B. Feeding
_____	_____	C. Sanitation of toys & equipment
_____	_____	D. Toilet training
_____	_____	E. Use of nurse consultant
_____	_____	9. Goals and philosophy
_____	_____	A. Education philosophy
_____	_____	B. Policy for developing program/curriculum & ordering equipment
_____	_____	C. Religious policy
_____	_____	10. Planned daily activities & routines
_____	_____	A. Schedule of activities
_____	_____	B. Sign-in & sign-out procedures
_____	_____	C. Food preparation, snacks, & meals
_____	_____	D. Outdoor play/safety
_____	_____	E. Naps (children in visual & auditory range)
_____	_____	F. Clean-up, including dishes/utensils
_____	_____	G. Opening and closing of the center

Orientation of Employees and Volunteers

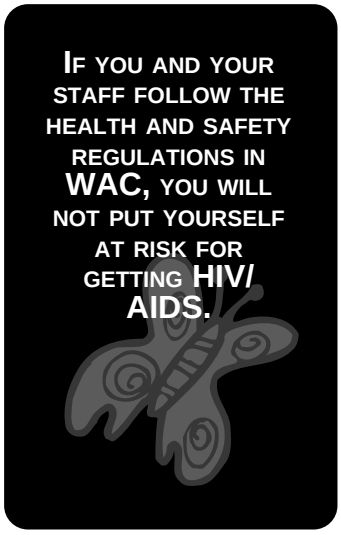
_____	_____	11. Field trip safety policies
_____	_____	12. Transportation safety policies
_____	_____	13. Equipment safety (steps to take if equipment needs repair/replacement)
_____	_____	14. Developmental/Health needs/allergies of individual children
_____	_____	15. Communication with parents
_____	_____	16. Other (specify)_____
		_____
		_____
_____	_____	17. Other (specify)_____
		_____
		_____
_____	_____	18. Other (specify)_____
		_____
		_____

_____ _____

Signature of Employee or Volunteer Date Completed

_____ _____

Signature & Title of Person Who Gave Orientation Date Completed



Check with your licensor, department of health, or Resource and Referral for a more detailed list of approved training available in your area. Some courses are available in a central location. Others have one of the facilities whose staff is being trained serve as "host." Some first aid training courses are specific for child care workers. A first aid certificate is usually good for two or three years.

Department-approved CPR training that includes infant/child CPR is available from the above sources, as well as from The American Heart Association (the Department of Labor and Industries training includes pediatric CPR only if you specifically request it). Again, check with your licensor, department of health, or Resource and Referral for a more detailed list of appropriate training available in your area. A CPR certificate is good for one year in some locations, two in others. The duration also depends on the specific course content.

HIV/AIDS Training

Confidentiality Issues

The law does not require parents to notify the center that their child has tested HIV positive. Law forbids the center director to pass along such information to staff members or other parents without written permission from the child's parents. The law does not require center staff to inform their employer if they have tested HIV positive. As a matter of good practice, parents and staff will usually make this information known, but they may choose otherwise. And finally, many people who are HIV positive do not even know it themselves. Thus, you should treat all blood as potentially infectious.

These rights are in place because there is no medical evidence that persons in a child care center are at risk from associating with someone who has tested positive for HIV/AIDS, as long as staff take normal precautions.

Some Basic Facts About AIDS

- HIV (human immunodeficiency virus) is a virus. This virus may cause an illness called AIDS. This virus cannot spread by normal contact between adults, adults and children, or between children. This includes hugging, kissing, sharing the same dishes, toys, and toilets.
- You cannot get AIDS from being sneezed on, spit at, or bit by an infected person, or from an infant's stool or urine.
- Normal procedure is to use disposable plastic gloves when treating an injury. Or you can use a towel, diaper, piece of clothing, or some other barrier. Always wash your hands after caring for a bleeding wound, even if you wore gloves. These simple measures will protect you from the AIDS virus as well as other illness spread through blood.
- You should do even simple tasks like removing a splinter with proper precautions. You should wash and disinfect the tweezers afterwards.

- Extra care is necessary to clean and disinfect all skin, clothing, and furnishings on which blood has spilled.
- You should teach children to tell a staff member immediately if someone is bleeding and to wash carefully if they come in contact with someone else's blood. You should alert children to tell staff if they find syringes, needles, or "balloons" (condoms).

If you and your staff follow the health and safety regulations in WAC, you will not put yourself at risk for getting HIV/AIDS.

Sources of Approved Training

The AIDS Omnibus Bill of 1988 requires all staff of licensed child day care centers to receive training on HIV/AIDS. This law seeks to reduce misinformation about HIV/AIDS and to promote education regarding infection control procedures.

Approved sources of HIV/AIDS training are under review as the guidebook goes to press. There is a self-study booklet called "HIV/AIDS Information for Those Caring for Young Children," available from the Red Cross. A certificate of completion is available. Also available is a training video with study guide produced by the State Department of Health and the Pierce County Health Department (see Resource list).

Other courses and materials which cover the same basic material are available in your area and will be certified as approved training by the Office of HIV/AIDS in the Department of Health. Check with your licensor, Resource and Referral, your local health department, or the Washington AIDS hotline (1-800-272-AIDS) for up-to-date information. DSHS requires all staff to receive HIV/AIDS training.

Food Handler's Permit

The center must have on file a food handler's permit for any staff participating in the preparation of full meals at the center. To get the permit, staff should:

- Obtain a copy of the State of Washington Food and Beverage Service Worker's Manual, available from your local health department.
- Study the material.
- Take the food handler's test, available at the local health department. The test covers the basics of safe food handling, preparation, and storage.

The possibility of spreading food-borne illness in child care settings is high because of the combination of busy staff who handle food, and young children with poor hygiene habits. We suggest all staff persons who handle food, including those who prepare snacks, study the food handler manual, even if they don't take the test. Best practice is for a minimum of two persons at the center to obtain the permit.

Ongoing Training

Staff Meetings

Staff meetings give everyone a chance to discuss concerns and plan future activities. As in all groups, good communication, caring, and mutual support are the keys to building a successful staff. Regular staff meetings are one way to build a smooth operating team.

How often and who to include in meetings depends on time, space, duties, and of staff size. The less experienced the staff, the more frequent the need for the director and program supervisor to guide and coordinate their efforts. Centers should have at least monthly staff meetings. Some centers alternate full staff meetings with "lead provider" meetings. All centers should have full staff planning meetings at least quarterly.

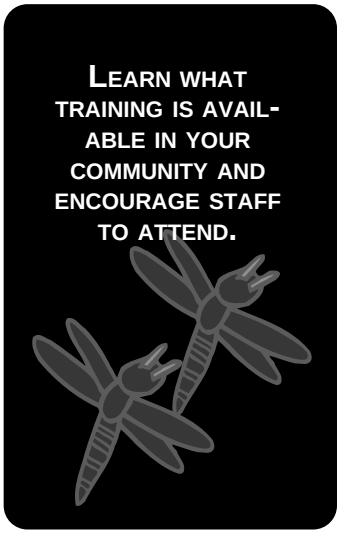
Encouraging Staff to Take Advantage of Ongoing Training Opportunities

Learn what training is available in your community and encourage staff to attend. Look for topics staff members are genuinely interested in and will be able to immediately put to use. Incentives:

- Paid time off.
- Paid workshop fees.
- Arrange for a group to attend the workshop together.
- Bring the trainer to the center and make it part of a regularly scheduled staff meeting.
- Require one outside workshop per year as part of written job description.
- Possibilities of advancement to more responsible, better paid positions in center.

For a suggested list of topics, see the list of early childhood related topics in Chapter 11. The particular topics of value to your staff will depend on their current level of training and areas of interest.

You must provide or arrange at least quarterly ongoing training opportunities and encourage staff to attend. We recommend that attendance be part of their job description or employee contract. You must maintain a written in-service, staff development training program plan. This plan must describe the duration, frequency, and sources of staff training opportunities. You must also document staff attendance.



Staff Evaluations

Evaluations are not a "report card." As a business person, you are concerned about the quality of care your center provides and would like to see the care improve over time. As an employer, you also want to document concrete steps you take to solve problems prior to making a decision to dismiss an employee.

Evaluations provide a regular time to discuss with your staff progress made and mutually agree upon reasonable standards for continued growth. You should include staff members' self-selected goals for things they want to accomplish during the coming months. You should also include agreed steps for dealing with shortcomings.

With Bright, Shiny Faces

Regulations, best practices, and helpful hints about:
Health and Nutrition

Chapters

Chapter 14. WAC 388-295-3010

Health Care Plan

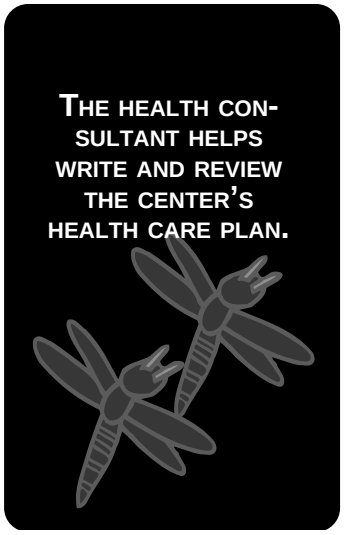
There are reasons for the extra health precautions the department requires center providers to take. At home, a parent has the right to decide certain health or sanitation practices are "good enough" for their household, that risks are acceptable. However, your center is not a household. It is a business. You offer a service to the community. You may not take risks with the health of your "clients." If you gamble and lose, you are liable for the chances you take with the well-being of children in your care. Your Health Care Plan describes the steps you take to make your center as healthy and safe for children as possible.

Creating a Health Care Plan

The Department of Health provides a helpful guide called "Child Care Health Care Plan Guidelines." It includes a sample health care plan and sample forms. You may wish to organize your health care plan in a similar manner. The important thing, however, is for you to:

- Consider the features of your center, the services you provide, the qualifications of your staff, and the resources available in your community.
- With the help of your health consultant, develop a health care plan that meets your needs and satisfies licensing requirements. An important part of the plan is designating specific people on staff who are responsible for specific health-related duties.
- Train all incoming staff on the details of the health care plan. You might include in one staff person's job description monitoring the day-to-day operations of the center's written health policies.
- At least once a year, review whether the written health care plan still meets the center's needs and is accurate. You should pay particular attention to whether you need to update the names of staff responsible for different functions. Except for centers licensed for fewer than thirteen children,at least every three years (when it's time to renew the license), the health consultant must thoroughly review the health care plan.

WITH THE HELP OF YOUR HEALTH CONSULTANT, DEVELOP A HEALTH CARE PLAN THAT MEETS YOUR NEEDS AND SATISFIES LICENSING REQUIREMENTS.



Since you must orient new staff to the health care plan, it's a good time to review whether the plan is current. Have your procedures changed? Are the same staff performing the various health and safety duties?

A good health care plan may be quite lengthy and detailed. To make it easier to use, you may want to summarize particular sections and post them in appropriate places. For example:

- *Nutrition and food handling policies (in the kitchen).*
- *First aid policies (near the first aid supplies).*
- *Emergency medical procedures (near the telephone).*
- *Infection control practices (near the cleaning supplies).*

Model Health Care Policy for Child Care Centers

This is a model health policy to help you write a policy for YOUR center. It may be used as a guide to help you write YOUR policies. Remember this may not EXACTLY match your needs. Be sure to make changes to match what YOU do at YOUR center.

Nurse Consultant:_____Telephone:_____

(Must be a RN with experience in pediatric care. Recommended for all centers, and required for centers licensed to provide care for four or more infants.)

Address:_____

_____

Emergency Telephone Numbers:

Fire Department:_____

Police: _____

Rescue: _____

Poison Prevention Center: _____

Hospital(s) Used for Emergencies:

Name:_____Telephone:_____

Address:_____

Name:_____Telephone:_____

Address:_____

Emergency Procedures: (Step-by-step including transporation method and notification of parent(s).

Minor Emergencies:

1. Staff trained in first aid will take appropriate steps and refer to:_____(name of first aid manual) as needed.
2. Staff record incident:_____(note where and how to record..date, time, place, cause if applicable.)
3. Report incident to parent(s); note date, time, who and how reported.)

Life-Threatening Emergencies:

1. Staff call_____(local emergency number.)
2. Staff provide first aid as needed (according to the first aid manual.)
3. Staff stays with the injured/ill child, including transport to a hospital, until a parent arrives.
4. Staff record incident.

Emergency Procedures If Parent(s) Cannot Be Contacted:

_____

_____

Serious injury/hospitalization will be reported to:

_____(Office of Child Care Policy licensor)

at _____(telephone number.)

MEDICATION MANAGEMENT

1. Medication will only be given with prior written consent of the child's parent/legal guardian.

2. All medications must be in the original container labeled with:
   child's full name, name of medication, dosage, frequency, and duration.
   - Prescription medication must have the original pharmacist label,
   - Non-prescription medications must have the manufacturer's original label.

3. Examples of non-prescription medications (over-the-counter drugs) we may give include:
   - Antihistamines,
   - Non aspirin fever reducers/pain relievers,
   - Non-narcotic cough suppressants,
   - Decongestants,
   - Anti-itching ointments/lotions intended to relieve itching,
   - Diaper ointments, intended for use with "diaper rash",
   - Sunscreen
   - Vitamins

The dose and frequency is stated on the label and the medication is age and weight appropriate for the child.

4. Non-prescription medications (over-the-counter drugs) will not be given to children under two years of age.

5. "As-needed" medication may be given only when the health professional lists specific parameters, such as "give 1 tablet every 4 hours".

6. Internal medications are stored (_____).
   give location(s) where stored

7. External medications are stored (_____).
   give location(s) where stored

8. Refrigerated medication will be stored_____(where).

9. All medications will be stored
   - inaccessible to children
   - separate from staff or household medication
   - protected from contaminents
   - under proper temperature control

10. Unused medication will be returned to parents or flushed down the commode.

11. Records of all medication will be maintained_____(where).
    (name of medication, dose, amount, time given)

12. Staff giving medication to a child will sign the record with their full signature.

PROCEDURES FOR EXCLUDING ILL CHILDREN FROM REGULAR CHILD CARE;

Children with any of the following symptoms will not be permitted to remain in care at centers with programs not specifically approved for the care of ill children:

1. Fever of 100˚F under arm (axillary) or higher **AND** who also have one or more of the following:
   - diarrhea
   - earache
   - show signs of irritability or confusion
   - sore throat
   - rash
2. Vomiting on 2 or more occasions within the past 24 hours.
3. Diarrhea – 3 or more watery stools within a 24 hour period or 1 bloody stool.
4. Draining rash.
5. Eye discharge or pinkeye. Children can be readmitted after:
   - medical diagnosis to rule out bacterial or viral infection or 24 hours on antibiotic treatment.
6. Fatigue that prevents participation in regular activities.
7. Open or oozing sores, unless properly covered, or 24 hours has passed since starting antibiotic treatment.
8. Lice and scabies.

COMMUNICABLE DISEASE REPORTING

The following communicable diseases are reported to the local/state Health Department by physicians. Call your local Health Department for information when a child or staff member has contracted any of these illnesses:

- Acquired Immune Deficiency Syndrome (AIDS)
- Campylobacteriosis (Campy)
- E. Coli 0157: H 7
- Hemophilus Influenza Type B (HIB)
- Kawasaki Syndrome
- Meningitis
- Mumps
- Poliomyelitis (Polio)
- Reyes Syndrome
- Rubella (German or 3 day measles)
- Rubeola (10 day measles)
- Tetanus
- Typhoid Fever
- Diphtheria
- Giardiasis
- Hepatitis
- Listeriosis
- Meningoccal Disease
- Pertussis
- Whooping Cough
- Rheumatic Fever
- Salmonellosis
- Shigellosis
- Tuberculosis (TB)
- Yersioniosis

(Call the local health Department for information about other communicable diseases specific to your community and add them to the list.)

FIRST AID

When children are in our care, staff with current training in Cardio-Pulmonary Resuscitation (CPR) and First Aid are always available. Training documentation is kept (where)_____.

Our first aid kits contain:

- 1st Aid guide
- Bandaids (different sizes)
- Cotton balls
- Sterile gauze pads
- Roller bandages
- Adhesive tape
- Small scissors
- Large triangular bandage
- Tweezers
- Syrup of ipecac (only used after calling Poison Control)

Our first aid kit(s) is kept (location)_____.

A fully stocked first aid kit will be taken on all field trips and kept in each vehicle used to transport children.

HEALTH RECORDS

Include forms that are used. They should contain: identifying information about a child, health history, date of last physical exam, allergies, special considerations, immunization records, consents for emergency care, authorization to take the child out of the facility to obtain emergency health care, permission to transport the child, etc. Records should be kept for at least a year after the child withdraws from the program.

Note that forms are updated:

- quarterly for children less than one year of age,
- semi-annually for children 1-2 years of age, and
- yearly for children over two years of age.

INFECTION CONTROL, DISINFECTING AND LAUNDERING

General Practices:

1. Staff will wash hands at the appropriate times.
2. Staff will disinfect all surfaces that can spread diseases.
3. Staff will always rinse to remove residue left behind, if using items such as Lysol and Pinesol (Phenols) or ammonia compounds as disinfectants. Bleach and water (generally at a concentration of 1/4 cup to a gallon of water) does not require rinsing.
4. Spray bottles of bleach and water used for disinfection will be prepared daily, dated and the unused contents discarded at the end of each day.
5. Each child's toothbrush will be stored in a way to prevent contamination.
6. High chairs, cribs, swings, playpens and infant seats are washed and disinfected daily, or after use by each child.
7. Toys will be disinfected daily or when obviously dirty.
8. Cloth toys will be washed in the washing machine or automatic dishwasher (for dishwasher-safe toys) at a temperature of 140 degrees Fahrenheit or more **or** 1/4 cup of bleach added to the wash load) by _____(staff name).

9. Toys that cannot be washed in the washing machine will be hand washed in warm soapy water, rinsed and dipped into a disinfectant solution for 1 minute and allowed to air dry.

10. Bedding will be stored (how)_____and (where)_____.

11. Child care laundry will be washing (how often)_____ by whom _____.

12. Potty chairs will be washed and disinfected after each use and stored on a floor that is impervious to moisture.

13. Toilets will be cleaned (how often)_____.

14. General cleaning of the entire center will be done (how often)_____ and by (whom)_____.

15. Furniture, rugs and carpeting will be vacuumed daily in all areas.

16. Steam cleaning is scheduled monthly in the infant area and quarterly in all other areas or as needed.

17. We avoid using powders or chemical cleaners which leave residues that can be harmful to children.

HAND WASHING

1. Staff wash their hands:
   a) Upon arrival at the child care center
   b) Before handling foods, cooking activities, eating & serving food.
   c) After toileting self, children and diaper changing.
   d) After handling or coming in contact with body fluids such as mucus, blood, saliva, or urine.

2. Children will be directed or helped with hand washing:
   a) Upon arrival at the child care center.
   b) Before meals or cooking activities.
   c) After toileting.
   d) After outdoor play.
   e) After coming in contact with body fluids.

3. Soap, warm water and individual towels are available for staff and children.

4. Washing hands includes:
   - Turn on water and adjust temperature.
   - Wet hands and apply a liberal amount of soap.
   - Rub hands in a winding motion from wrists to fingertips for a period of not less than 10 seconds.
   - Rinse hands thoroughly.
   - Dry hands, using an individual towel.
   - Use hand drying towel to turn off water faucet(s).

PREVENTING INFECTIONS WHEN CONTACTING BODY FLUIDS

Even healthy people can spread infection through direct contact with body fluids. Body fluids include blood, urine, stool (feces), drool (saliva), vomit, drainage from sores/rashes (pus), etc. When anyone has been in contact with body fluids, or is at risk for being in contact with body fluids the following precautions will be taken:

1. Any open cuts or sores on children or staff will be kept covered. Depending on the type of wound a covering may be a bandage or clothing or staff may wear latex gloves.
2. Whenever a child or staff comes into contact with any body fluids the area will be washed immediately with soap and warm water and dried with paper towels.
3. All surfaces in contact with body fluids will be cleaned immediately and disinfected with an agent such as bleach in the concentration listed above.
4. Used latex gloves and cleaning material used to wipe up body fluids will be put in a plastic bag, closed with a tie, and placed in a covered waste container. Any brushes, brooms, dustpans, mops, etc. used to clean-up body fluids will be soaked in a disinfecting solution, and rinsed thoroughly. Cloth items or mops, after soaking, should be washed with hot water in a washing machine. All items are hung off the floor or ground to dry. Equipment used for cleaning is stored safely out of children's reach.
5. Children's clothes soiled with body fluids will be put into a closed plastic bag and sent home with the child's parent. A change of clothing will be available for children in care.
6. All clothing soiled with body fluids will be changed as soon as possible. Staff in regular contact with body fluids (e.g. changing diapers) are provided with an apron to protect street clothing. Staff working with infants or toddlers are advised to have a fresh change of clothes at the center. All soiled laundry will be kept safely out of reach of children.
7. Hands are always washed after handling soiled laundry or equipment.

INFANT CARE

1. Infants will be at least one month of age when enrolled.
2. Our infant room has a separate, safe play area for infants.
3. We will furnish a crib, a bassinet, an infant bed or a playpen for napping.

INFANT FEEDING

When feeding an infant we watch for cues to know when the infant has had enough. We use care when handling infant formula and food to prevent food-borne illness. To provide safe nutritious food we practice the following:

1. All breastmilk and formula are labeled with:
   - child's name, day's date, time of preparation
2. All breast milk and formula is refrigerated after mixing, feeding or immediately upon arrival
   - at the center.
3. When parents provide infant foods, we ask the food be labeled with the child's name and dated.
4. No egg whites or honey will be given to infants less than 12 months of age.

5. No medication will be added to breastmilk or formula.
6. Before preparing formula or food, staff wash their hands and clean and disinfect preparation surfaces. A separate food preparation sink is provided, away from diaper changing/hand washing area.
7. Powdered formula in cans will be dated when opened, stored in a cool, dark place and if not all used, discarded or sent home 1 month after opening. This is done due to the number of times formula is opened, touched, etc. in a child care setting.
8. Bottles prepared at the center will be mixed as needed.
9. Used bottles and warmed unused formula will be discarded after 1 hour to prevent bacterial growth. Unconsumed portions of formula will not be re-heated for re-use. All unused prepared formula will be discarded at the end of each day.
10. Frozen breastmilk will be thawed overnight in a refrigerator and warmed in lukewarm water, just prior to feeding. Frozen breastmilk which has been stored for more than 3 months or that is not dated will not be accepted. Thawed breastmilk will be refrigerated and used within 3 hours. Thawed breastmilk will not be refrozen.
11. Formula, breastmilk or baby food is not heated in a microwave oven as there is the possibility of a bottle exploding or of “hot spots” which could result in burning a child’s mouth. Microwaving also destroys essential components in breastmilk.
12. Solids are discouraged before 4-6 months of age without health care provider consent, due to increased food allergy risks.
13. Chopped safe table foods are encouraged after 10 months of age.
14. Cups and spoons are encouraged around 9-10 months of age.
15. Whole milk is not recommended for children under 12 months of age. Whole milk is encouraged for children aged 12 months through 23 months. Parents requesting 2% milk must do so in writing.
16. A note from the child’s health care provider will be required if an infant is to be on limited food/formula intake, diluted formula, Pedialyte, or any type of elimination (allergy) diet.
17. Bottles, nipples and other eating utensils cleaned at the center will be washed with soap and water and boiled for 5 minutes or washed in a dishwasher with a water temperature of 150_F.
18. Infants will be held when fed until they are able to hold a bottle or drink from a cup. Bottles will not be propped.
19. Infants will only be allowed to have a bottle in bed if it is filled with water.
20. Bottle feeding will be discouraged after 18 months of age.
21. Children will not be allowed to walk around with bottles.
22. Changing food textures is necessary to meet an infant’s developmental and nutritional needs. Around 1 year of age formula is replaced with whole milk, when an infant can drink from a cup.

DIAPER CHANGING

1. Wash hands.
2. Gather necessary materials.
3. Put-on disposable gloves (if being used.)
4. Place single use cover on table (if being used.)
5. Place child gently on table and remove diaper. Use safety device when required. Child is not left unattended.
6. Dispose of diaper—disposables in covered container (foot peddle type preferred); cloth in a strong plastic bag or double bagged, and sent home or to diaper service.
7. Clean the child's diaper area (peri-anal) front to back with a clean, damp wipe, for each stroke.
8. **Wash hands.**
9. Apply topical cream/ointment/lotion when a parent's written request is on file.
10. Put on clean diaper and protective pants (if cloth diaper used), dress child.
11. Wash child's hands and return child to appropriate area.
12. Wash diaper change pad, if soiled.
13. Discard disposable pad after each diaper change, if used.
14. Disinfect diaper changing table.
15. Remove gloves, if used.
16. **Wash hands.**

FOOD SERVICE

1. Leftover foods will be covered, dated and stored in the refrigerator or freezer.
2. Foods brought from home will be labeled with the date and child's name, checked upon arrival at the center, and refrigerated as necessary.
3. Formula bottles will be labeled with date and child's name.
4. Eating surfaces will be cleaned before and after use by_____(whom).
5. Food will be thawed in the refrigerator, or under cold running water or during the cooking process.
6. Food will be cooked to the correct internal temperature:
   - Ground Beef 155˚F (no pink color)
   - Fish 140˚F +
   - Pork 150˚F
   - Poultry 165˚F
7. Food requiring reheating will be reheated to an internal temperature of 165˚ F in 30 minutes or less.
8. Hot food will be held at a temperature of 140˚ F or above until served.
9. Food requiring refrigeration will be stored at a temperature of 45˚ F or less.

10. A metal stem thermometer will be used to test the temperature of foods as indicated above and to ensure foods are served to children at a safe temperature.
11. All refrigerators/freezers will have thermometers placed in the warmest section.
12. Sinks used for food service, including formula bottles and nipples, will not be used for handwashing.
13. Microwave ovens will not be used to heat infant fomula and solid food or to reheat potentially hazardous foods.

NUTRITION

Our center provides the following meals and snacks:

_____ _____ _____

_____ _____ _____

Parents will provide the following meals and snacks:

_____ _____ _____

_____ _____ _____

1. All snack/meal menus will be prepared 1 week in advance and posted.
2. All food substitutions will be of equal nutrient value and recorded.
3. Menus list specific types of meats, fruits,vegtables,juices, etc.
4. A record of foods served will be kept on file for at least six months.
5. Food allergies will be posted where staff can readily see the list.
6. Children willl be provided food at intervals of 2 hours to 3-1/2 hours apart.
7. Lunches/snacks sent from home will be examined for nutritional contents and supplemented as necessary to ensure children's dietary needs are met.
8. Meal patterns will be followed as outlined in child care center rules, WAC 388-295-3160.

ANIMAL HEALTH AND SANITATION

1. Shot records of pets are maintained _____ (where).
2. Rabies vaccine date(s) _____ .
3. Veterinarian name:_____(telephone) _____ .

   Address _____ .
4. Pet area(s) will be cleaned by _____ .
5. Pet(s) will be fed by _____ .

INJURY PREVENTION

1. The center will be inspected at least quarterly for safety hazards by_____(whom).
2. Hazards will be reported to_____(whom) for correction.
3. The accident and illness log will be monitored by _____(whom) to identify accident trends caused by equipment or in areas of the center.

DISASTER PLAN

1. The evacuation plan and routes are posted_____(where).
2. Fire drills are conducted and documented (how often and where)_____.
3. Staff are familiar with use of fire extinguisher.
4. Earthquake drills are conducted (how often and by whom)_____.
5. Pictures and other wall hangings are secured to the walls; shelving and book cases are not overfilled.

STAFF HEALTH

1. All staff must document a negative tuberculin skin test by the MANTOUX method or chest x-ray, taken within the two years prior to employment.
2. Staff who have a communicable disease are expected to remain at home until the period of communicability has pased. Such staff should follow the same procedure listed under procedure to excluding ill children listed above.

CHILD ABUSE

1. Suspected child abuse will be reported to _____ (whom).
2. Signs of child abuse will be recorded _____ (where).

REVIEWED BY

Name: _____ Title: _____

Address: _____ Phone: _____

Date: _____

Health Consultants

Even the most dedicated provider will find it hard to be aware of and up-to-date on all health issues affecting their program, children, and staff. You need the services of a health professional to help you:

- Plan useful health care policies and procedures.
- Identify potential health problems and hazards and suggest solutions.
- Identify reliable sources of information or training on health issues for staff or parents.
- Assist center staff and families make contact with other health professionals and resources in the community.
- Provide advice about health problems at the center or the care of a child with special health problems.

The health consultant helps write and review the center's health care plan. To do a professional job, the health consultant needs to know:

- The families and ages of children you serve.
- The overall structure and goals of your program.
- The staffing of your center.
- The physical features of your center.
- Licensing requirements.
- The health-related documents and forms you use.

Ideally, the consultant will visit your program for a day-long visit to view the full range of center activities. The health consultant can then better advise you on health practices. The health consultant should review the health care plan at least every three years, and more often if major changes in your program occur. The consultant must sign and date the health care plan.

Although you may find a physician, physician's assistant, or registered nurse who will serve as a free consultant, be aware that you often get what you pay for. The duties of the health consultant are important, and they take time and effort. The health consultant vouches for the quality of your center's practices with their professional reputation.

If a health consultant chooses to provide free service, remember to recognize their efforts in your newsletter or parent handouts.

Programs licensed for four or more infants require the services of a nurse consultant. This person may also serve as your health consultant. Be sure to find a nurse consultant whose background includes pediatric or infant care. (See Chapter 19 for a discussion of the nurse consultant's duties.)

Preparing for Medical Emergencies

Among the forms parents must sign when they enroll their child is a medical emergency authorization form. With this form, parents authorize medical personnel to begin emergency medical treatment before parents arrive to give personal consent. Medical personnel cannot legally provide services for a minor without the consent of their guardian. For your protection and the safety of the child:

- You should not accept a child for care before the parent signs the medical emergency authorization form.
- The medical emergency authorization form should be with the child at all times they are in your care. This includes field trips.

Consent to Medical Care and Treatment of Minor Children

I_____(the natural parent or legal guardian) hereby give permission that my child,_____, may be given emergency treatment to include first aid and CPR by a qualified child care staff member at_____. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physican to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

_____ _____

Date and Place Signature

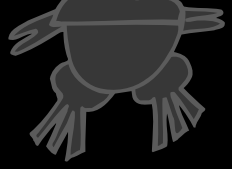
Chapter 15. WAC 388-295-7020, and 388-295-3020 to 388-295-3230

Health Supervision and Infectious Disease Prevention

Immunizations

You should not admit a child to your center without documentation they are current or in process of getting all required immunizations. Your local health department provides free forms for recording this information.

YOU SHOULD NOT ADMIT A CHILD TO YOUR CENTER WITHOUT DOCUMENTATION THEY ARE CURRENT OR IN PROCESS OF GETTING ALL REQUIRED IMMUNIZATIONS.



The only children you can admit without proof of up-to-date immunizations are those whose parents supply signed statements that:

* They oppose immunizations on religious, philosophical, or personal grounds.
* The immunizations are not medically safe or necessary for their child. The child's physician must describe the medical reason and sign a statement advising against immunization.

The certificate of immunization belongs to the family. You should offer to return the certificate to the family when the child leaves the program. Before returning the form, you may want to make a photocopy of it to keep in the child's file.

In addition to seeing health care providers for required immunizations, every child should receive regular health check-ups. This should occur by age, every few months for infants, less often for older children. Doctors and nurse practitioners can help in the early identification of developmental delays and illness. Centers are not responsible for seeing the child has regular exams, but they can:

- Make sure the parents are aware of the importance of checkups and encourage them to obtain exams for their child.
- Help parents find out about convenient and affordable health care options in their community.

Providers are also a good line of defense for the early detection of health problems.

To help you know which children have had health care recently, providers must record in the child's records the date of their most recent exam. Remind parents in person or in your newsletter to give this information to you.

Preventing the Spread of Germs

Germs (bacteria, viruses, and fungi) are all around, in, and on us. They are not harmful when they live in their proper places or are few in number. But germs multiply rapidly in warm, moist places and can cause problems.

Germs are in the air and in the fluids from peoples' eyes, noses, and mouths. They are on objects or hands that touch places where there are lots of germs. Examples are diapers or a baby's bottom, used tissues, trash cans, and foods not stored properly. Germs can enter your body through your eyes, nose, mouth, or broken skin.

With Bright, Shiny Faces
Certificate of Immunization Status Form Front

Reviewed for compliance by:_____
Staff Signature
Date: _____ Exemption: YES ☐ NO ☐
(see back)

Washington State Department of Health

CERTIFICATE OF IMMUNIZATION STATUS

Washington State Law (RCW 28A.210.160) requires that all children have a completed Certificate of Immunization Status on file at the school, preschool or a child care facility that they attend. A chart showing which vaccines should be given and when, is printed on the other side of this form.

Child's Last Name	First Name	Sex	Birthdate
		F M	
Parent/Guardian Name			

Immunization	Type of Vaccine	Dose	Date Given Month	Day	Year
DTaP/DTP/ -DT/Td Diphtheria, Tetanus, Pertussis		1			
		2			
		3			
		4			
		5			
POLIO OPV by mouth, IPV by injection		1			
		2			
		3			
		4			
HIB Haemophilus Influenzae B		1			
		2			
		3			
		4			

Immunization	Type of Vaccine	Dose	Date Given Month	Day	Year
MMR Measles (Rubeola), Mumps & Rubella	MMR	1			
	MMR	2			
	MMR				
	MEASLES				
	MUMPS				
	RUBELLA				
HEP B (HBV) Hepatitis B		1			
		2			
		3			
OTHER VACCINES					

➔I certify that the information provided here is correct and verifiable ←

X _____ Date: _____
Signature of Parent or Guardian

DOH 348-013(X) Revised February 1999

(3/96)

Immunization Entry Requirements for Schools, Preschools and Child Care Facilities ⌘

Vaccines are listed under the routinely recommended ages. Shaded bars indicate range of acceptable ages for vaccination.

Age → / Vaccine ↓	Birth	2 Months	4 Months	6 Months	12 Months	15 Months	18 Months	4-6 Years	11-12 Years	14-16 Years
Hepatitis B **	Hep B-1									
		Hep B-2		Hep B-3						
Diphtheria, Tetanus, Pertussis		DTP	DTP	DTP	DTP or DTaP at 15+ Mo			DTP or DTaP	Td **	
H. Influenzae type b		Hib	Hib	Hib	Hib					
Polio		Polio	Polio	Polio				Polio		
Measles, Mumps, Rubella					MMR			MMR	or MMR	

⌘The above schedule was recommended and approved January 1, 1995 by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics and the American Academy of Family Physicians. Footnotes of this schedule provide more information about vaccines and when they can be given. They are reprinted in the Immunization Manual for Schools, Preschools and Child Care Facilities, which can be found at most schools and Local Health Departments. Although there are more medically current recommended schedules, the January 1995 schedule is the only one required by Washington State Immunization Law.

** Effective September, 1997

Statement of Exemption to Immunization Law

NOTICE:
Your Child can be exempted (excused) from immunization for medical, personal or religious reasons. However, if there is an outbreak of a vaccine-preventable disease that your child has not been immunized against, she or he can be excluded from school, preschool or child care until the outbreak is over.

☐ Medical Exemption

I certify that the child named on this form is medically exempted from the requirement for the following vaccine(s):

_____ Until _____
Vaccine(s) Date

_____ _____
Type or Print Physician's name Date

_____
Physician's Signature

☐ Personal Exemption
☐ Religious Exemption

I am opposed to immunization. I understand that my child can be excluded from attendance during an outbreak

I do not want my child to receive the following vaccine(s):

_____
Vaccine(s)

_____
Signature of Parent or Guardian Date

Documentation of Immunity

I certify that the child named on this form has laboratory evidence of immunity to measles/mumps/rubella (please circle).

Attach TITER results

_____
TYPE or PRINT Physician's Name

_____
Physician's Signature or Stamp Date

When people eat, breathe, or touch places where germs have had a chance to multiply, illnesses spread. If a provider stifles a sneeze with their hand and then lays out nap mats without washing, they spread germs to surfaces where children will be lying. When the provider picks up mats after nap time, they touch surfaces on which children have breathed and wiped their eyes and noses.

With infants and toddlers, cleanliness and a low germ environment are more important since:

- The provider handles the children's food.
- The provider tends to the children's toileting needs.
- The provider holds and touches children often.
- Children this age have a natural tendency to put everything within reach into their mouths.

Handwashing

Germs are on things we touch and then get on our hands. Our hands provide germs with a warm, moist place to grow. Our unwashed hands can spread germs to everything we touch, including our own eyes, nose, and mouth.

Frequent handwashing by staff and children is the single best protection centers have against the spread of germs. The most important times for children and staff to remember to wash their hands are:

- After using the toilet.
- Before handling or eating food.
- After covering a cough or sneeze or blowing their nose.
- After contact with a sick child.
- After playing outside.
- After handling an animal.

FREQUENT HAND-WASHING BY STAFF AND CHILDREN IS THE SINGLE BEST PROTECTION CENTERS HAVE AGAINST THE SPREAD OF GERMS.

Water play is one of children's favorite activities, so it is not difficult to teach them the proper way to wash their hands. Gentle reminders can help them develop habits that will help keep them healthy the rest of their lives. A staff member should be available to see that children wash their hands properly and to assist children who need help.

Next to handwashing, the best way to limit spreading germs is to teach children how to cough, sneeze, and blow their noses correctly.

For example:

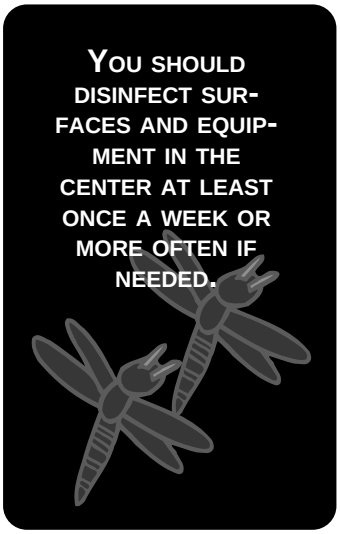
- Keep a tissue handy. Use a tissue rather than a coat sleeve or the back of your hand to catch a sneeze, cover a cough, or wipe a runny nose.
- Turn your head away from others and toward the floor before you cough, sneeze, or blow your nose.
- Throw away used tissues. Don't reuse or share a tissue. Use disposable tissues rather than handkerchiefs.

- Wash hands afterwards to reduce the spread of germs.
- If a sneeze or a cough catches you by surprise, cover it with your hand, then wash your hands immediately.

At least by the age of two, children can begin to wipe their own noses and throw away their own tissues. Doing so is more sanitary and gives children a chance to begin caring for themselves.

Cleaning and Sanitizing Equipment and Toys

You need to have policies and routines for maintaining sanitary conditions at the center and to train staff to follow your guidelines. You should disinfect surfaces and equipment in the center at least once a week or more often if needed. The younger the children in care, the more likely an object will go into children's mouths. This means you should clean and disinfect the object or surface more often.



Formulas for Bleach Solutions

- **Strong solution** (for wiping down larger environmental surfaces). Use one-quarter (1/4) cup of bleach per gallon of water (or one tablespoon per quart). This solution is strong enough to kill germs quickly, but it still needs time to work. In most cases, it is best to let the surface air dry. Using a towel or sponge increases the chances of putting germs back on the cleaned surface. Bleach evaporates quickly, leaving the surface nontoxic.

If you are going to use surfaces such as lunch tables immediately, you may want to spray several surfaces. Then go back and use a clean dry towel, rag, etc., and wipe the surface you sprayed first. If you use a reusable towel or sponge for cleaning, it is important to store it in a place where it can air dry between uses. That way staff won't use it for other purposes.

- **Weak solution** ("dipping" solution for toys, dishes, bottles and nipples, and other items that may go into a child's mouth). Use one tablespoon of bleach per gallon of water. For this weak solution to do its job of killing germs, you should totally submerge objects in the solution for at least a full minute. Again, it is best if you allow the items to air dry afterwards.

You can make a quantity of a bleach solution ahead of time. Store it in a labeled, airtight container. Store the bottle below or away from food. You must empty out and refill spray bottles daily, because chlorine bleach exposed to air loses its strength.

You can use a phenol-based product (such as Lysol, Pine Power, etc.) to clean and disinfect items. They are effective sanitizers, but they are more expensive and leave a residue which you should rinse off. The strong bleach solution is just as effective at sanitizing items. It evaporates in air, making it ideal for spot-cleaning blankets, clothing, rugs, etc. If you use a commercial disinfecting product, make sure to follow the directions about proper dilution.

Not all carpet deodorizing products are good to use around children. Chemicals that remain in the carpet can get on children's skin or in their eyes or lungs. Some

children may have an allergic reaction. You might try sprinkling baking soda on the carpet to absorb odors. Vacuum the carpet afterwards. Regular use of carpet deodorizers is NOT a substitute for adequate cleaning.

Cleaning and disinfecting are not the same thing. The purpose of the bleach solution is to sanitize a surface or item after it has been cleaned. You may need to use a soap solution, cleanser, or cleaning spray to remove ground-in dirt, colored marker stains, dried playdough, etc. Use the bleach solution as the last step in the cleaning process.

Separating Personal Care Items

Children should not share hats, combs, hairbrushes, or hair ornaments. Doing so can spread infection or parasites such as lice. Children can have their own hair brushes, either stored in their personal cubbie or in another area.

Having the children brush their teeth at the center is a valuable activity, if it is done in a sanitary fashion. Each child should have their own toothpaste tube or pump, clearly labeled. Toothbrushes should:

- Have clear labels for each child.
- Not touch one another.
- Be in holders so they are open to the air.

If you store toothbrushes in a drilled board, stagger the holes so the toothbrushes don't touch or drip onto each other. Another option is to use travel holders or snap covers over the bristles. Best practice is to have the children keep their toothbrushes in their personal cubbies.

Toothbrushes don't last forever. You should replace the children's toothbrushes every few months. You can either buy toothbrushes in bulk and replace them yourself or remind the parents to bring in a new ones.

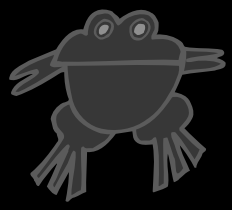
If you have an outbreak of lice at your center, make sure you disinfect the dress up materials in the role playing area. You may want to limit use of hats in that area. Check with your health consultant or public health department for useful suggestions.

You might also want to re-examine your procedures for storing bedding, hanging coats, and keeping extra clothes. Make sure these are not contributing to the spread of parasites.

The Sick Child

Who Needs to Stay Home?

ADVISE PARENTS TO HAVE A BACK–UP PLAN FOR THEIR CHILD'S CARE WHEN THE CHILD IS TOO SICK TO BE AT THE CENTER.



There are very few illnesses that require you to exclude children from group care to prevent the spread of illness. With most diseases, the child is contagious for several days before symptoms of the illness show. By the time children are obviously sick, excluding them may not help stop the spread of the illness. Runny noses and coughs fall in this category.

Sometimes a child still has symptoms after they are no longer contagious, perhaps because they began treatment for the illness. Some examples:

- Strep throat.
- Impetigo.
- Conjunctivitis (if not draining).

With some infections such as chicken pox, hepatitis, and meningitis, the child must stay home longer. Talk to your health consultant or your local health department if you have questions about a particular illness.

Some symptoms indicate that a child is likely contagious and should probably remain at home. These symptoms include:

- Persistent diarrhea (more than three times in 24 hours).
- Vomiting more than twice in 24 hours.
- A fever over *100 F*.
- Drainage from the eye, or a pink color in the white of the eye.
- A sore throat, especially with a temperature over *100 F*.
- A rash, particularly a draining rash.

You can also decide to ask parents to keep their child home for the child's comfort. If children are listless, uncomfortable, disoriented, or irritable, they are better off at home getting rest and individual attention. When you enroll a child, you should tell parents your conditions for accepting ill children in care. Advise parents to have a back–up plan for their child's care when the child is too sick to be at the center. For example, children's grandparents or a neighbor may be able to look after them occasionally.

Encourage parents to allow their child to participate in outdoor activities, even if their child does have a slight cough or runny nose. Fresh air is invigorating and does not cause illness, germs do. Active play often helps to clear clogged lungs and sinuses and to raise a child's spirits. A child who is too sick to enjoy participating in outdoor activities should maybe be home rather than in care.

Encourage parents to send their children in clothes suitable for the season. Assure them you will see their child is properly bundled up and does not get overheated or chilled. Also assure them that all the children will stay inside or in a protected area if it is raining heavily. Tell them you will adjust outside times if mud, wind, cold, volcanic ash, etc., are a problem.

If parents insist that their child stay inside and you agree to care for the child that day, you should respect their wishes. You might ask them if the day turns suddenly balmy, will they permit you to take the child outside briefly.

When a Child Becomes Ill at the Center

If children become ill at the center it is best to isolate them. Have them lie down in a quiet space away from the other children. Staff must supervise ill children at all times. You may wish to call the parents and send a sick child home, depending on your policies concerning ill children.

Remember to sanitize all equipment that the ill child used if you suspect a communicable disease.

Staff Health

Tuberculosis Tests

Tuberculosis (TB) is contagious. Therefore, all center personnel must have proof they are free of TB. The TB test must be the Mantoux skin test method. If the skin test results are positive, the staff person must have a chest x-ray showing they are free of TB.

If a staff person has been certified free of TB within the past six months, that certificate is valid. The staff person does not need another test while they remain in your employ.

If TB testing is against medical advice, the center must have a statement to that effect on file, which the person's physician signs.

Keeping Staff Healthy

Most child care providers will tell you the first year they spent caring for children they got sick more than any time in their life. Child care does expose staff to a variety

of germs. Child care is also a potentially stressful occupation. Staff burn-out is a very real problem.

There are things center operators can do to keep their staff healthier:

- Emphasize the importance of frequent handwashing.
- Encourage staff to make sure their immunizations are current, especially measles and tetanus.
- Use nontoxic cleaning and art materials at the center. If staff do occasionally use such things as permanent markers or rubber cement, make sure they do so in a well-ventilated area.
- Schedule break times for staff and make sure they take them!
- Give staff paid leave for vacation, illness, and continuing education.
- Provide health care benefits, at least for regular, full-time staff.

Staff members are not doing you a favor by showing up for work sick because:

- *They spread germs around the center.*
- *They cannot provide their usual quality of care when they are not feeling well.*
- *They take longer to get healthy if they aren't given a chance to recuperate.*

If you offer sick leave and maintain a pool of qualified substitutes, your center will be a healthier, happier place. In fact, letting staff schedule an occasional "well day" may save you money in the long run!

Back problems are a common complaint among child care workers. Advise staff to:

- Get down on their knees or squat when caring for children, rather than bend over a lot.
- Be careful when lifting things. People should lift with their knees, not with their backs. If it's too heavy, don't lift it.
- Push heavy objects across the floor rather than pull them.
- Make sure they have a clear pathway when carrying things across a room or down stairs.
- Do back strengthening and stretching exercises. A flexible back is a strong back.

There are also things staff can do for themselves to maintain their health. The benefits of good nutrition, exercise, and sufficient rest are clear. So are the dangers of smoking and excessive use of alcohol.

Staff need to give themselves permission to be human. They will not always handle

problems perfectly. They will not always plan an activity as well as they might have. Staff need to have outside interests that don't involve children and should not take their work home with them.

Chapter 16.
WAC 388-295-3070 to 388-295-3130

Medication Management

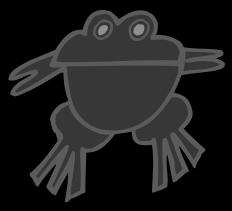
Centers are free to choose whether or not to give medications. You are also free to decide what types of medication you are willing to give at your center. Parents always have the option of giving the child the medicine themselves.

Parents must fill out medication request forms and keep them current. For example, the parent can give consent for you to give medication:

- For a specified period of time during a period of illness.
- For the duration of the prescription.

Blanket authorizations are allowed only for certain chronic or life-threatening conditions requiring medication. These authorizations must come with a signed statement from the child's health provider or a prescription indicating the treatment is ongoing.

PARENTS MUST FILL OUT MEDICATION REQUEST FORMS AND KEEP THEM CURRENT.



Prescription medications must be in the original prescription bottle. The label qualifies as a doctor's authorization to give the medication. Nonprescription medications must be in manufacturer's container with a label. This indicates recommended dosages for different ages and how long to use the medication if symptoms continue. The child's name must be on the container.

SAMPLE: Parent's Instructions for Medications

Licensing rules permit child care facilities to administer medications to children only with a doctor's written authorization and with written signed direction of a parent/guardian.

Please provide the following information:

Child's Name _____

Health Problem _____

Name of Medication _____ *Amount* _____

Frequency _____ *Times Given at Home* _____

Method of Administration at _____ *(name of facility)*

Amount _____ *Times to be Given* _____

How Long Medication to be Continued _____

I authorize the child care facility to give the above medication.

_____ _____

Parent/Guardian Signature Date

Record of Administration (To be filled out by person who gives medication)

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials

Signature(s) that correspond to initials of person(s) giving medication

_____ _____

_____ _____

For children two years and under, some over-the-counter medications require a doctor's authorization. Most cold medications fit in this category.

Make sure you read the labels on bottles parents bring in. If instructions recommend consulting a doctor for a particular age group, let the parents know they need a health provider's signature. Otherwise you cannot give the medication at the center.

If the child's parents do not want to take medicine home every night and bring it back the next morning, they can:

- *Request that the pharmacist prepare two containers when they fill the prescription.*
- *Send the container with the pharmacist's or manufacturer's label to the center and keep a supply in a self-labeled container at home.*

You must keep medications for the skin separate from medications children swallow. Some medications require refrigeration, but only refrigerate those medications requiring it. You must store all medications so children cannot get to them. Make sure you either return medications to the parents or dispose of them when the medication period expires.

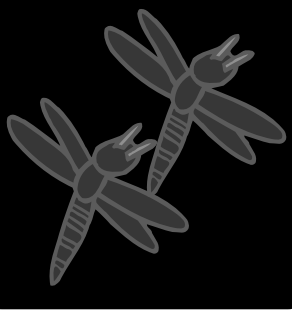
Keep your medication storage area under your control. Only staff should put medicines in your storage area or take them out. It may be more convenient at times to let the parents take care of it themselves. There are dangers with this practice. It's too easy for a parent in a hurry to walk out with the wrong medicine or forget to fill out an authorization form.

Advise your staff to be extra careful when handing medicines back to parents. You don't want a child not to be able to take their medication that night because you gave it to the wrong parent. Worse yet, you don't want a parent giving their child the wrong medication because you returned the wrong bottle.

There are a number of record keeping systems for keeping track of medications. Each of them must start with the parents filling out a medication authorization form. The important thing is to make sure someone gives the medicine to the right child in the right dosage at the right time.

If you keep medication records in children's individual files, you might want to have the permission form on the top half of a page. Then use the bottom half to record giving the medicine. Or you can use a group sheet to record which medications staff give to children. You can put the permission forms in individual children's files after the medication period is complete and keep the group record with the center files.

IN GENERAL, HOWEVER, YOU MAY NOT ALLOW CHILDREN TO MEDICATE THEMSELVES.



You may want to let parents know you give medications at certain times of the day only. Most prescriptions call for either three or four doses a day. If staff give medicines before lunch, after lunch, and after rest time, you should be meeting children's needs adequately.

It's a good idea to designate a particular staff member as the person in charge of giving medicines. That way, there's less likelihood of staff:

- *Forgetting to give the medicine.*
- *Forgetting to write down they gave the medicine, so another staff person later gives the child another dose.*

You will probably also want to designate a backup person in charge of medications, for days when the regular person is absent.

Lip balm, baby powders, diaper ointments, and sunscreen are medications and therefore require signed parent consent. Parents can sign blanket authorization for these items, but parents must bring the medication themselves and label it with their child's name. Although it may seem a good way to save money and storage space, you must NOT share a jar or tube for medicating children.

Self-medication is allowed under special circumstances, at the parent's written request. For example, older children with asthma may be able to be in charge of their own inhaler, so they can use it when needed. In general, however, you may not allow children to medicate themselves.

Aspirin Warning

You should not give aspirin to children under 18 years unless the child's health care provider prescribes it. Aspirin use is linked to Reye's Syndrome, a serious disease that can be fatal to children.

There are plenty of non-aspirin medications that ease pain and reduce fever. If parents bring in aspirin and ask you to give it to their child, STRONGLY recommend that they use a different medication. Take the time to check multi-symptom cold remedies that parents may bring in. Sometimes these include aspirin in their list of ingredients.

Chapter 17. WAC 388-295-3140 to 388-295-3160

Nutrition

Menu Planning

Good menus are as important to child care as other types of activity planning. Well-planned menus with a variety of nutritious foods will help children to be healthy. If you want to plan good menus think about the:

- Age of children.
- Number of children you serve.
- Way you serve the food, family style or individual servings.
- Ethnic mix of the children.
- Available equipment and staff.

The menus you must post can also:

- Educate parents about good nutrition.
- Let parents know what their child is eating.
- Give parents ideas about new foods to try at home. Children will often try foods at the center they would never eat at home!

What Kind of Foods Must I Serve?

The kinds of foods to put into your center's menus are in WAC 388-295-3140 through 388-295-3160. Please read these lists carefully.

If you are on the USDA food program, you will find the WAC just a little different. The food program suggests you serve foods high in Vitamin C and A, while the Department requires you to serve such foods.

You must serve a Vitamin C food daily and Vitamin A foods 3 or more times per week. Below is a list of some of these foods:

VITAMIN C SOURCES*
Asparagus
Broccoli
Bell Peppers
Brussel Sprouts

Cabbage
Kiwi
Mandarin Oranges
Peas
Strawberries
Vegetable Juice Cocktail
All citrus fruits and juices (tangerine, orange, grapefruit)
Berries
Baked Potatoes
Bok Choy
Cauliflower
Chinese Pea Pods
Greens (turnips, collard, etc.)
Melons
Spinach
Turnips

VITAMIN A SOURCES *
Apricots
Carrots
Cantaloupe
Winter Squash
Greens
Yams
Broccoli
Spinach
Peaches
Tomato Paste
Sweet Potatoes
Mixed Vegetables
*Portion sizes are 1/4 cup or 2 ounces

How Often Can I Serve The Same Foods

This question sometimes confuses people. The requirement is that menus need at least 2 weeks of variety before you repeat them. Variety is important for children to learn and to grow.

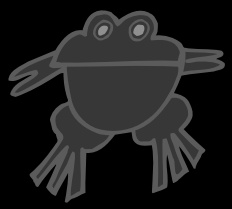
The requirement does not mean you can only have dry cereal once in 2 weeks. It does mean you can't serve corn flakes, apple juice, and milk on Monday, again on Wednesday, and once again on Friday. You could serve cold cereal on all those days but you need to vary the kind of cereal and the type of juice or fruit you offer.

Different colors, textures, shapes, and flavors can interest a child in food. It is a good idea to serve both finger foods and non-finger foods at the same meal. You can also mix cooked foods and raw foods at the same meal or snack. This is a good way to add different temperatures and chewing textures.

As a general rule, the children or their parents will let you know if the foods you serve are boring.

Don't forget, you must date menus and mark any changes on the menu. Any changes you make must be nutritionally equal. This means if you have oranges on the menu and then serve bananas you would not be making a good change. Oranges have Vitamin C while bananas do not. You would have to choose another fruit high in Vitamin C for the change to be nutritionally equal.

ONE SNACK EACH DAY MUST INCLUDE A DAIRY FOOD OR ANOTHER PROTEIN FOOD



What Meals and Snacks Must I Serve and When?

Children have small stomachs. They need small amounts of food often. To meet the needs of young children, you must schedule mealtimes at least every 2 hours but no longer than 3 and 1/2 hours apart.

Most children are in care for 9 or fewer hours a day. As a guide for how many meals or snacks to feed the children consider:

- Children in care for 5 hours should get at least a breakfast or lunch and a snack. If the children are hungry, you should feed them.
- Children in care for more than 5 hours a day and up to 9 hours need at least a mid-morning and mid-afternoon snack and a lunch. Or you could give them a breakfast and a lunch and at least one snack.
- Children who remain in care for 9 or more hours need more food. They need breakfast, lunch, a mid-morning, and mid-afternoon snack. Or you could serve a lunch and a mid-morning and a mid-afternoon and a late afternoon snack.

Don't forget even if you serve breakfast, the food you provide must still meet the meal pattern in WAC. If breakfast is an optional meal, it can't count as one of the meals you served to all the children.

One snack each day must include a dairy food (cheese, yogurt, milk) or another protein food (chicken, meat, tuna, peanut butter or cheese).

If you serve a breakfast and lunch to all children you do not need to serve a protein or dairy food in the afternoon snack. Of course this will depend on the needs of the children in your care.

Many centers serve a late afternoon snack to children in care after 4:30 or 5:00 p.m. They started this because they found the children were hungry. And, it makes sense. The mid-afternoon snack tends to occur around 2:30 to 3:30 p.m., making it quite a long time to dinner. Centers started a late snack to meet the needs of children and meet the parents' concerns.

You can keep the late snack simple as there are fewer staff and children present. Easy to serve foods also allow children to take the snack with them if the parent arrives before they finish the snack. Foods providers serve for this snack are often just crackers and

juice or a cube of cheese and a piece of fruit.

Items you can use for this late snack do not tend to offer as much variety as the other mealtimes because they are simple. To make it easier on yourself you can use a two week menu for this late afternoon snack.

SOME CHILDREN IN EVENING CARE START THEIR CHILD CARE DAY AT 2:30 PM AND STAY UNTIL 11:30 PM.

What About Evening Care?

Some centers are open 18 hours per day to care for children whose parents work night hours. Be sure to use common sense when deciding how to feed these children.

Some children in evening care start their child care day at 2:30 p.m. and stay until 11:30 p.m. Some of these children will arrive in time for the mid-afternoon snack and be there for the late afternoon snack. The center must feed them dinner.

If the children eating dinner were not present for lunch, you can use the lunch menu for dinner. If you cook extra food for dinner, be sure you cool and refrigerate them immediately. If you only have a few children for dinner, you can pre-plate the food, cover it, and put it in the refrigerator. Then at dinner, you can microwave the meals. This will not make family-style meals possible so let children pour their own beverages. You can also let them serve their own vegetable sticks or fruits.

Evening care regulations require you to serve a bedtime snack but this may depend on the age of the child. For example:

If a toddler eats a late afternoon snack at 4:30 or 5:00 p.m. and dinner at 6:30 or 7:00 p.m. then the child may not be awake for a bedtime snack 2 hours later.

School-aged children will need a bedtime snack because many will be awake at 9:00 p.m. The older pre-school child may be awake also. Again, use common sense and think about the child.

What Does a Good Menu Look Like?

We include a few sample menus to help you plan. Not all the ideas will work for your program. Because of the many different kinds of center programs and facilities it is important to plan menus to fit your own needs.

BREAKFAST

- Peanut butter (1 – 2 Tbsp) raisin toast
  Orange wedge (1/4 medium orange)
  Milk, 1/2 – 3/4 cup (c.)
- Non-sugared cereal (1/4 – 3/4 c.)
  Banana slices (1/2 small)
  Milk, 1/2 – 3/4 c.
- Oatmeal (1/3 – 1/2 c.) w/ cinnamon and apple chunks (1/4 c.)
  Milk, 1/2 – 3/4 c.

LUNCH

- English muffin (1/2) pizza with cheese (1 – 1-1/2 oz)
  Coleslaw (1/8 – 1/4 c.)
  Canned peaches (1/8 – 1/4 c.)
  Milk, 1/2 - 3/4 c.
- Tuna (1 – 1-1/2 oz) casserole with rainbow noodles (mix of whole wheat, spinach, carrot) (1/2 – 1 c.)
  Steamed broccoli (1/8 – 1/4 c.)
  Apple wedge (1/8 – 1/4 c.)
  Milk, 1/2 – 3/4 c.
- Bean (1/8 – 1/4 c.) & cheese (1 oz) taco casserole
  Shredded lettuce and tomato bites (1/4 c. total)
  Orange wedge (1/4 medium)
  Milk, 1/2 – 3/4 c.
- Black eye peas (1/8 – 1/4 c.) with rice (1/4 – 1/3 c.)
  Corn bread (2" square)
  Steamed spinach (1/8 – 1/4 c.)
  Honeydew melon (1/8 – 1/4 c.)
  Milk, 1/2 – 3/4 c.
- Tofu (1" square cube) almond stir fry w/ broccoli,
  Chinese cabbage, (1/8 – 1/4 c.) over rice (1/3 – 3/4 c.)
  Pineapple pieces (1/8 – 1/4 c.)
  Milk, 1/2 – 3/4 c.

(this last menu meets state but not USDA meal pattern requirements)

SNACKS

A.M.

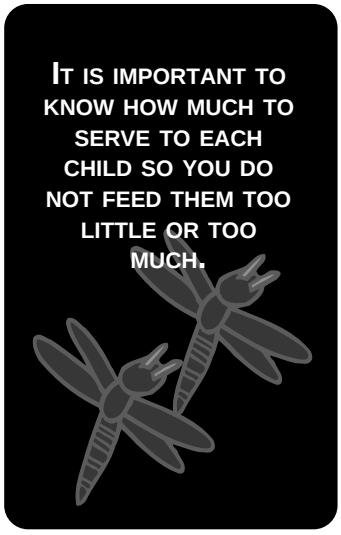
- Applesauce bread
  Milk
- Cereal mix
  Orange juice
- Melon slice
  Yogurt (mix 1/2 plain with 1/2 peach)
- Biscuits
  Peaches, canned
- Banana chunks
  Milk

SNACKS

P.M.

- Strawberry and banana fruit cup
  Graham crackers
- Carrot sticks
  Mozzarella cheese
  Water
- Peanut Butter on whole wheat bread
  Apple juice
- Orange wedge
  Ritz crackers
- Flour tortillas
  Beans
  Water

You do not have to serve milk or juice with every meal. Once you serve the required foods to all children, water is fine. Serving water teaches children that they do not always need to drink a colored liquid.



How Much Do I Need to Serve?

Portion Sizes

You need to have a written plan for how much you will serve to each child. You can do this on your menus or you can make a poster.

You might find it easier to keep a list in the kitchen stating average portion sizes for children by age group, for 1-3-year-olds, 3-6-year-olds, etc. Notice the overlap for the 3-year-olds. This is because some are big eaters and others are not. Plan to meet the needs of your children. If you are on the USDA food program the daily menu planning sheets can serve as a record of portion sizes.

The main point is to be sure all persons preparing food know how much to make. Persons serving food must know how much to serve. Be sure to educate staff on the right portion sizes, especially when serving family style. It is important to know how much to serve to each child so you do not feed them too little or too much.

Please note the sample meal ideas show actual serving sizes but the snacks do not. This shows how much more information there is when you list portion sizes. Note the range of portion sizes for the different age groups.

According to Department of Labor and Industries regulations, you must pay employees for all time they spend on job-related duties. For a center cook, this could include menu planning time, shopping, etc.

Menu planning help is available from:

The Office of the Superintendent of Public Instruction. They help centers who are on the USDA food program.

The State Department of Health. They have a Registered Dietitian to help centers plan menus to fit your program needs.

Some county extension agents. You can find them in the phone book under County Services.

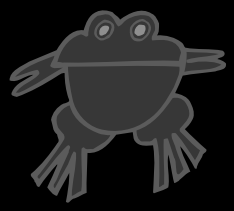
This guidebook lists a number of pamphlets and books in the resource section.

Special Dietary Concerns

You may find some children need special foods or to follow a special diet. This may be due to allergies or the child may have a chronic disease like diabetes. Sometimes foods with special textures could be necessary because a child is developmentally delayed. The disability could make it hard for the child to chew or even swallow.

Try to offer substitute foods that are like the foods the other children eat. No one likes to feel different. If the child is allergic to a lot of different foods you may want to have the parent send the foods. The parents will have more practice at reading labels to see if any food items causing a reaction or one like it is in a package. Or the parents can send some foods and review the menu each week to see which foods are safe to serve.

YOU SHOULD STORE SACK LUNCHES AWAY FROM SOURCES OF HEAT AND SUNLIGHT.



When a child has a special dietary concern it is important for you to talk with the parents. Be sure to get written directions about what you can or cannot serve to their child. If a child cannot eat certain foods, you will need written permission from the child's health care provider on what foods to substitute. It is very important to get a food list for the child with an allergy.

You also will want to know what happens when the child eats certain foods. An allergic reaction can be as simple as a runny nose or a mild skin rash or it can threaten their life. You will want to know what happens and what to do!

Who Will Provide the Meals?

It is best to give children a hot meal. You may, however, find having the children bring their lunches from home will better meet your program needs. Or maybe your building does not have the right equipment to prepare full meals.

If parents have to send the food you need to tell them. This is the kind of information you should include in written materials to the parents. You should let the parents know before you enroll the child.

If you decide not to serve lunch or snacks remember you still need to ensure children get foods that meet the standards. You will want to take steps to offer a variety of foods on a daily basis.

If you do not allow certain foods be sure to say so. Write guidelines on what you don't allow, like junk foods or sweets. You may have to remind parents gently once in a while. You can do this in a newsletter or on your bulletin board. Help parents by giving ideas for nutritious and tasty foods.

Talk directly to parents if you are worried about the food they send. The problem may not always be nutrition. You might be concerned about food safety. Maybe you notice they send the same foods day after day and that the child won't eat anymore. Whatever the problem, let parents know you care. Together you can solve any concerns.

Even when children bring their own lunches you can still set the table family style. Have the children put out plates, glasses, and napkins. You can put items from lunch boxes on plates. Then move the lunch boxes so they don't clutter the table. You may want to tell parents that you will serve the beverage (milk or juice) to allow children practice in pouring.

Sack Lunch Food Safety

You should store sack lunches away from sources of heat and sunlight. This can help keep germs from growing. It will also keep the lunch at a more pleasant eating temperature. The best way to keep germs from growing is by keeping foods in the refrigerator.

You might suggest to parents to refrigerate foods from home until just before leaving home. Advise parents to keep cold foods cold and hot foods hot. Some lunch

boxes come with cold packs which can help keep items cold till eating time. Parents can also buy and add cold packs or freeze a box of juice.

You should advise staff to keep an eye on what children bring from home. If the child tends to bring items which need refrigeration, talk to the parents. Or check the child's lunch box daily and refrigerate items which you need to keep cold.

Rather than have a refrigerator full of lunch boxes, some centers like to put out one refrigerator tray for each care group. As parents arrive, they can take out items needing refrigeration from the child's lunch box, put them on the tray, and label them with the child's name. Staff can then give the items to the children as they get out their lunches.

You may want a policy to discourage parents from sending heated, pre-cooked foods from home in the lunch box. If you do allow parents to do this be sure to state in your policy how they need to put these foods in a thermos.

Other Issues to Think About When Parents Bring Foods

Parents often think children eat a lot. Think about having children put any foods they do not eat back in their lunch box to take home. Let parents know you have children save their "extras" to go home. This is an easy way to teach parents about how much and what foods their child is or isn't eating.

Even when parents send the food, you must keep food supplies on hand in order to:

- Supplement the lunch of a child who does not bring enough from home.
- Add to or replace snacks a parent brings if the snack is not nutritionally equal to the posted planned menu.
- Feed children who forgot their lunch that day.

Lunches you provide to children who forget theirs can be simple, like a peanut butter sandwich, milk, carrot sticks, and an apple wedge.

Children bringing their own lunches will want to trade and share. Sharing can be a positive social experience and it can introduce variety into a child's diet. Staff still need to monitor what children trade. Remind children not to share items they have already put in their mouths. Also, talk to any child who always trades their orange for another's chips. Staff may want to discuss this with the child's parents.

CHILDREN ARE OFTEN IN CARE FOR MOST OF THEIR WAKING HOURS AND MAY LEARN MOST OF THEIR TABLE MANNERS AT THE CENTER.

Social Aspects of Meal and Snack Times

Chapter 29, "Care of Young Children," talks about feeding infants and toddlers. In this section, we will look at the needs of the child old enough to sit at a table with other children and adults.

Children are often in care for most of their waking hours and may learn most of their table manners at the center. For this reason be sure to:

- Use tables and chairs which allow the child to sit and rest their feet on the floor.
- Use child-size dishes, glasses, spoons, etc.
- Have a calm mealtime where everyone can talk in a normal voice and be heard without shouting.
- Allow children to serve themselves.
- Let children try new foods without forcing them to eat or making them feel guilty.

Family-Style

A good way to teach children about manners, foods, and nutrition is for staff to eat and talk with the children. Staff must be positive role models for young children. Family-style eating also gives children control over how much they want to eat. Teachers get to know how much each child they care for eats.

Remember average serving sizes are that—just average. In family-style, the general amount of food for each child goes to the room. That does not mean each child will get exactly the same amount. Some children may want to eat smaller portions or they may leave food on their plates. Other children will eat larger portions or want seconds.

What is important is to:

- Have enough food available.
- Offer it in a positive way.
- Provide nutritious and well-balanced food.

How Do I Promote Healthy Eating Habits?

One of the best ways to teach good eating habits is for staff to talk to children about different foods during the mealtime.

Children are also more likely to try a new food if they helped make it. They love to tell their friends about all the "stuff" they added!

Ideas for putting together fun and successful cooking activities are:

- Work with small groups of children.
- Do not force children to take part.
- Use picture recipes.
- Put recipe cards in zip-lock bags to protect them.
- Be sure to have all equipment and food out and ready.
- Go over each step before starting.
- Have children and staff wash their hands before starting.
- Have water, clean sponges or towels ready for spills.

- Allow children time, do not hurry them.

Remember . . . the more adults do the less children learn. Let them make mistakes. Let them make a mess.

Even when you serve family-style meals, let children serve themselves, do food activities, offer new foods, and grow food, you still might have children who won't try a particular food.

You need to ask children gently to try a taste of every food. Do not force or punish anyone for not trying. You might try fixing the same food in a different way. It also might help to change the combination of foods you serve. Sometimes it helps to wait a few weeks and try again.

Children often will reject a food for reasons that have nothing to do with the food. Some reasons could be:

- Their mood.
- Trouble at home.
- They are going through a period of slow growth.
- They are showing their independence.
- They are angry because they had to quit playing and come eat.

Over or under-eaters

Children's bodies grow at different rates. This can change the amount of food they eat from one meal to the next. Also, children may want to eat their "big meal" at different times of the day.

Avoid shaming children for not eating or for overeating. Children who eat too much may have reasons and will need your help.

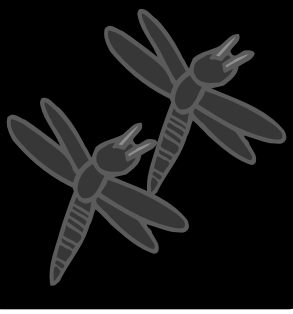
You can help children who are overweight by teaching them the difference between being hungry and wanting more food. Food may still look and taste good but they need to learn that does not mean they need to eat more.

Take time to teach children to take small bites or short breaks while eating. Make mealtimes fun by talking with the children. This will let them know mealtime is not just a time to eat.

If you have serious concerns about a child over or under eating, talk with the parents. Learn if they have concerns about their child's eating habits. If they do, then talk about what you can do and what they can do. You both need to be saying the same thing to the child.

You or the parents may need professional help in working with a particular child. If you think a child has an eating disorder, you may want to call your local health department and ask to talk with their registered or certified dietitian.

TAKE TIME TO TEACH CHILDREN TO TAKE SMALL BITES OR SHORT BREAKS WHILE EATING.



Children may use foods to show their independence. You want to support their control without allowing them to control you. Don't be too concerned if a child does not eat everything. Making a fuss tends to increase this behavior as the child finds it gets attention. You want to pay attention to the children who are eating well. If you provide a balance of nutritious foods and gently encourage the child, they will eat something eventually.

Culture and Foods

When planning snacks and meals keep in mind the different ethnic backgrounds of the children in your center. If you are unfamiliar with foods from the different cultures ask the parents about the kinds of food they tend to serve at home.

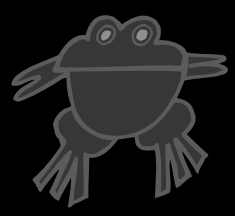
Let the parents know you want their children to be able to eat familiar foods and to learn about new foods from other cultures. Share with parents how you want children to learn respect for different cultures, practices, and beliefs.

Mealtimes are a good time to talk about how healthy foods come in many different forms. Help children learn that different foods are fun, not odd or "yucky." Be sure to plan meals or snacks from many different cultures. Ask parents to help choose the menu or shop for the right ingredients.

Don't forget, we all have an ethnic heritage. We may be Mexican, Laotian, Peruvian, Italian, from the Yakima or Lummi Tribes, Norwegian, or Irish. We all have a culture to be proud of and to share with others. Food is a good and easy way to share this background with others.

Parents can also help prepare food, with help from a staff person who knows about proper food handling. Children always show more interest if they can help in the food preparation. If their parents help they will feel proud.

HELP CHILDREN LEARN THAT DIFFERENT FOODS ARE FUN, NOT ODD OR "YUCKY."



Hints for Helping Children Learn During Cooking Activities

1. Label all ingredients correctly and let children explore them — see, feel, smell, and possibly taste.
2. Talk about origins of ingredients and uses. For example, explain that eggs come from chickens and we use them to make french toast, egg salad, pasta, etc.

3. Describe cooking processes like stirring, grating, sifting, etc.
4. Help children describe changes and ingredients when they combine, cook, or chill them.
5. Introduce math concepts like adding five raisins, one-half cup milk, etc.
6. Show and tell children what to do in a positive manner rather than tell them what not to do.
7. Let children participate from start to finish — encourage children to help clean-up.

Meal Planning Guide

Food	Average Serving Size Under 3 Years	Average Serving Size 3 to 6 Years	Average Serving Size 6 Years & Over
BREAKFAST			
Juice or Fruit	1/4 Cup	1/4 Cup	1/4 Cup
Whole Grain and/or enriched bread or cereal	1/4 Cup or 1/2 Slice	1/3 Cup or 1/2 Slice	1/2 - 3/4 Cup or 1 Slice
Milk	1/2 Cup	1/2 Cup	3/4 - 1Cup
MID-MORNING SNACK			
Dairy Products	1/2 Cup or 1/2 Ounce	1/2 Cup or 1/2 Ounce	3/4 Cup or 3/4 Ounce
Whole grain and/or enriched breads and/or cereal	1/2 Slice	1/2 Slice	1 Slice
LUNCH AND/OR SUPPER			
Meat or alternate	1 Ounce	1 1/2 Ounce	2 ounces
Vegetable and/or fruit (2 items)	1/2 Cup	1/2 Cup	3/4 Cup
Whole grain and/or enriched bread/ cereal/pasta	1/2 Slice	1/2 Slice	1 Slice
Milk;	1/2 Cup	1/2 Cup	1 Cup
MID-AFTERNOON SNACK			
Fruit, vegetable or juice AND	1/4 Cup	1/4 Cup	1/2 Cup
Meat or alternate	1/2 Ounce or 1/2 Slice	1/2 Ounce or 1/2 Slice	1 Ounce or 1 Slice

YOUR SURVEYOR IS A GOOD RESOURCE ON EQUIPMENT, WATER TEMPERATURE, AND FOOD STORAGE.

Chapter 18. WAC 388-295-3170 to 388-295-3230

Kitchen and Food Service

Food Preparation, Storage, and Handling

If you serve meals as part of your program, you need a full equipped kitchen. You also need staff who know about proper food safety and sanitation. Please read the WAC on kitchen and food service carefully. It is also a good idea to talk with your health surveyor about your plans for cooking. Your surveyor is a good resource on equipment, water temperature, and food storage. Visiting centers preparing meals is another way to learn and get new ideas.

Magic numbers to keep in mind for proper food temperatures are:

- 45 degrees F or cooler and
- 140 degrees F or hotter.

Bacteria grow especially well on foods high in protein such as meats, dairy foods, and eggs. The warmer and more moist the food, the faster bacteria can grow. That is why there is so much concern about foods sitting at room temperature or warmer.

Keep Hot Foods Hot and Cold Foods Cold

Be sure to keep food, bottles with formula or breastmilk, etc., refrigerated at all times, except when in use. Keep thermometers in the refrigerator and freezer to make sure food is kept at the right temperatures. It is also a good idea to have a metal stem thermometer handy to check the inside temperature of cooked foods.

Leftovers

It is best to prepare cooked foods right before mealtimes rather than to cook them ahead of time and reheat them. You should normally throw out leftovers. If you use leftovers, store them in sealed, labeled containers.

In most cases, once food leaves the kitchen, you cannot return it and use it again. That is why you should measure milk for each table and pour it into smaller containers. If you leave bread in the wrapper, you can return it to the kitchen from the room or table.

Thawing and Preparing Food

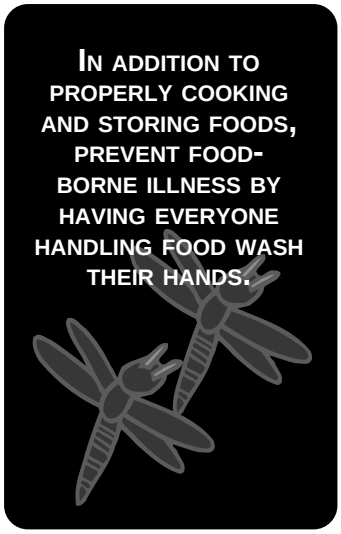
Most cases of food poisoning happen when someone does not properly store or reheat cooked foods. Incorrect thawing can also create problems. You should thaw overnight (or more) all frozen foods, especially meats and poultry, in the refrigerator. You can also thaw frozen food under cool running water but then you lose nutrition.

The person doing the cooking needs to think ahead about food preparation. This will prevent last minute panic like, “Oh, I forgot to take out the hamburger. What will we have for lunch?”

It is best to use one cutting board just for raw meats and poultry and another just

for fruits, vegetables, and other cooked foods. Be sure to clean and sanitize the board after cutting up raw meat or poultry. Use a weak bleach solution. Non-wood cutting boards are easier to keep clean and are safer. Do not use wooden cutting boards for meat, fish or poultry.

In addition to properly cooking and storing foods, prevent food-borne illness by having everyone handling food wash their hands. This is important for all staff and all children.



The Big Deal About Food Safety

Sometimes when children seem to have the flu or a cold it is really a food-borne illness. It is worse when young children get sick because they can dehydrate from diarrhea and vomiting more easily than adults.

Handwashing is the best way to prevent children and staff from getting sick. Child care settings are prone to spreading illness. This is because staff who handle food and young children are very busy and may not take the time to wash their hands properly. To help you learn how to handle food you should:

- Keep a copy of the Washington State Food and Beverage Service Worker's Manual handy. You can get a copy from your local health department. This is the booklet people study from and are tested on to get a Food Handlers Permit.

Your surveyor or licensor can supply you with a copy of Chapter 246-215 WAC. These useful "Foods Service Sanitation" guidelines come in a handy booklet.

Drinking and Eating Equipment

Children must not share drinking cups. They may use:

- Disposable, single-use cups.
- A cup you label with their name and store so it does not touch or drip on other cups.
- A drinking fountain that sends out water in an arc. This is an "inclined jet" drinking fountain. This type does not allow water to mix with a child's saliva and drip back down on the fountain's nozzle.

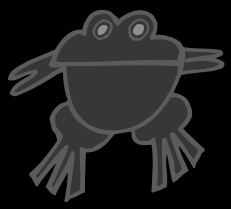
You should ensure dishes and utensils for children are proper in size and shape. Young children may need a small spoon or small fork.

Cups and glasses should be lightweight and small enough for little hands to hold. Salad plates are good for preschool children and younger. Cereal-sized bowls are also useful and can hold the right amount of food.

Instead of disposables, it may be more cost effective and kinder to the earth to use real dishes and glasses. Restaurant suppliers are good sources of affordable dishes, utensils, pitchers, etc.

Children may treat mealtimes as special if the table contains "grown-up" items. Children may handle things with more care if you trust them with real items and everything is not childproof.

YOU SHOULD ENSURE DISHES AND UTENSILS FOR CHILDREN ARE PROPER IN SIZE AND SHAPE.



Cleaning Dishes

You must clean and sanitize dishes after every use. You can do this by temperature or by using chemicals.

If you use a dishwasher, the temperature must reach 150 degrees F. This will kill germs. If your dishwasher has a "sani-cycle," the final rinse water will heat to this magic temperature. Use a thermometer to see if the water gets hot enough.

If staff do dishes by hand, you will need a "three-step" method to wash and sanitize the dishes. Human hands cannot take the 150 degree F. water temperature so you must use a chemical.

Three-step Method to Clean and Sanitize

Step 1. Wash dishes with warm soapy water.
Step 2. Rinse dishes with clean hot water.
Step 3. Submerge dishes in a bleach solution (1 tablespoon per gallon) for one minute.

The best way to do this is with a three compartment sink. Remember WASH, RINSE, SANITIZE. You may use freshly laundered cloth towels for wiping dishes, but the best practice is to AIR DRY all tableware.

Swaddlers, Waddlers, & Toddlers

Regulations, best practices, and helpful hints about:
Care of Young Children (Infants and Toddlers)

Chapter
Chapter 19:
Care of Young Children (WAC 388-295-2090, 388-295-2100, 388-295-2120, 388-295-2130).

Chapter 19. WAC 388-295-2090 to 388-295-2130

Care of Young Children (Infants and Toddlers)

Caring for infants and toddlers can be a major joy, but it is also a major responsibility. The younger the children, the more vulnerable they are. Infants are totally dependent on the provider to safeguard them from harm and satisfy their physical, emotional, and intellectual needs. Therefore, infant care puts more demands on the provider than other types of child care. In deciding to provide infant care, you should carefully consider the:

- Number, qualifications, scheduling, and training of staff required.
- Layout of the center to provide a safe, quiet, separate, comfortable, stimulating, and sanitary place for the infants.
- Coordination needed with the infant's parents.

The suggestions in this chapter come from best practice standards in the early childhood and pediatric communities. We hope they will help start you on your way to providing a nurturing environment for infants and toddlers.

Group Size, Staff-Infant Ratio, and Separate Play Area

DSHS requires that centers:

* Care for infants in their own separate space except that in centers licensed for twelve or fewer children, infants may be combined witholder children so long as there are three or fewer infants and the infant staff-to-child ratio is maintained.
* Put no more than 8 infants in a group.
* Have at least two providers if there are more than four infants present.

There are many good reasons for keeping infant care areas small, separate, and well-staffed:

- Infants need lots of personal attention and holding. Many activities such as diapering and feeding require one-to-one attention, cutting down on the availability of that staff member to other infants.
- It is best to limit the number of providers caring for infants so the infants can bond and feel secure. Providers get to know an infant's personal needs and signals intimately.

- Infants require changing levels of stimulation that adjust to their rhythms and feed their sense of order. The small, home-like atmosphere offers the infant an environment that is familiar and natural and creates a sense of warmth.
- Infants' immune systems are not fully developed. Therefore, keeping materials and surfaces as sanitary as possible is very important. Limiting the number of children handling the materials infants will be touching helps limit the spread of germs.
- Infants are physically very vulnerable, especially when they are lying on the floor. You don't want other children accidentally kicking, poking, or falling on top of them.
- There is greater need for infant providers to coordinate and communicate with children's parents.

Toddlers have a similar need for personal attention and manageable group sizes, though not to the same extent. Therefore, toddler groups can have a one to seven staff-child ratio, with the largest group size being 14.

Deciding when a child is ready to move from an infant to a toddler group or from a toddler to a preschool room is not just a matter of noting their birthday. If a child turns 12 months but does not appear to be mobile or independent enough for the toddler room, the provider should consult with the child's parents. Similarly, a child of ten months may be exceptionally independent and already walking. This child may receive more appropriate care in the toddler room. Take into account a young child's development level in determining the most appropriate group placement.

Equipment

Make sure the equipment you use with the children is safe and clean. It also helps if it is attractive.

Equipment should not easily tip over or fold up accidentally. All sharp edges and fasteners should have protective covers. Surfaces and pads should be in good repair and easily cleaned.

Here are some additional tips regarding common infant equipment.

High Chairs

- Make sure trays lock securely in place.
- Make sure safety straps are secure, and use them.
- Clean and disinfect high chairs after each use.
- Teach children not to stand in high chairs, and caution older children not to climb on them.
- Make sure you have enough high chairs so older infants and young toddlers don't need to "wait in line" to be fed.

Cribs and Playpens

- Only use single-level cribs and playpens. Stacked cribs, either the freestanding "bunk bed" variety or the kind mounted in the wall, are essentially cages. They give children too little visual stimulation and put them dangerously high off the ground. The department prohibits stacked cribs.

- Check to see if the slats are more than 2 3/8" apart. A gap of 2 3/8" is approximately the width of four fingers. Do not use cribs for children under six months old if the slats are further apart than 2 3/8" UNLESS you fill the gap with secure bumper pads. Make sure you securely attach netting or bumper pads on the interior side of the slats.

- Make sure mattresses fit snugly, are watertight, and attach securely to the frame.
- To prevent strangulation, remove crib gyms and mobiles when children are old enough to grab them.
- When children can stand up, set the mattress at its lowest setting and lock the side rail at its highest setting. Remove bumper pads and large toys children might use for climbing. Children have outgrown their crib when the side rail is less than three quarters of the child's height.

Infant Carriers

- Infant carriers should be wide enough that they do not tip over easily.
- Make sure there is a safety strap, and use it.
- The carrier should not slide easily. If the carrier does not have a nonskid surface on the bottom, you can attach rough adhesive strips.
- Never leave an infant unattended in a carrier set on a table, counter, chair, or other elevated surface.

Baby Carriages and Strollers

Check out the features as you would a car. Do the brakes lock properly? Does it have an adjustable restraining belt that fits snugly and comfortably? Does the stroller tip over easily backwards or to the side? Does it steer well? Do hinges lock firmly in the open position? Can children pinch their fingers when the stroller opens or collapses? Does it allow infants to lay down or shield them from the sun?

Car Seats See Chapter 9, under "Transportation."

Walkers, Jumper Seats, and Automatic Swings

There are several types of popular equipment that providers often overuse or use inappropriately.

Baby walkers are prohibited for use in child care centers. There are some advantages in using jumper seats, or automatic swings for the care of young children. If you equip your center with this type of equipment you must be aware of its hazards. Ensure such items are sturdy and safe. Closely supervise young children using this equipment. Make certain the equipment is consistent with children's developmental levels. Avoid overuse of jumper seats and automatic swings. You should limit use of this equipment to short periods of time. This equipment must meet the needs of children, not those of providers.

Visits by a Consulting Nurse (WAC 388-295-4130)

The purpose of having a nursing consultant is so you have someone to turn to for advice about health and infant growth and development. This is especially important with young infants. Having a person familiar with infant care issues to talk to can be a valuable resource for the center and staff in:

THE PURPOSE OF HAVING A NURSING CONSULTANT IS SO YOU HAVE SOMEONE TO TURN TO FOR ADVICE ABOUT HEALTH AND INFANT GROWTH AND DEVELOPMENT.

- Developing the center's infant care policies and staff training procedures.
- Giving suggestions for dealing with particular behaviors or symptoms.
- Providing a link to health care resources in the community.
- Providing information for parents.
- Verifying that the center's infant care practices are safe, hygienic, and developmentally appropriate.
- Providing information on how to care for at-risk or special needs children.

By having a nurse consultant with whom you have an ongoing, close relationship, you are likely to use that person as a resource.

If your center is licensed for four or more infants, you must have a written agreement for consultation from a registered nurse trained in pediatrics or infant care. You can also use a qualified nurse on staff with the consulting role in their job description. Sources you might use to find a qualified consulting nurse include:

- Your parent group.
- A local hospital or nursing school.
- Local pediatric or nursing associations.
- Your local public health department.
- Resource and Referral.
- Your licensor or health surveyor.
- A local pediatric medical practice.

One of the ways the nurse serves as an effective resource for the center is by visiting the program at least once a month. You must keep a file documenting the nurse's visits. You should include in the documentation:

* The dates of the visits.
* A summary of what the consultant observed and what problems and recommendations the consultant indicated.
* The signature of the nurse.

You must write down next to the phone the name and number of the nurse or post it in a place for staff so they can quickly contact the nurse.

A growing number of children come to child care at risk. The reasons include premature birth, fetal alcohol syndrome, or children born to drug-addicted or AIDS-infected mothers. Questions about the child's birth should be part of the pre-enrollment interview. Providers can get specialized training in how to recognize and care for at-risk children.

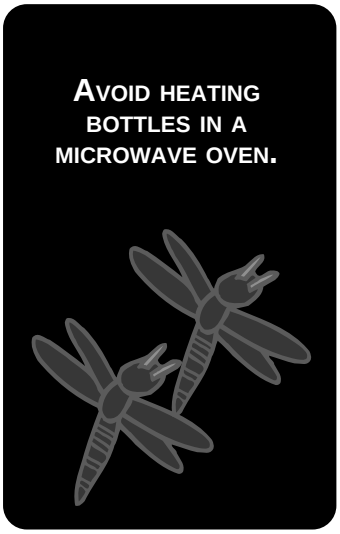
If you know you have such a child, get as much information from the parents as you can. If the child is receiving specialized care, ask for the parents' written permission to consult with those specialists. Get advice from your health consultant as well as your nurse consultant, if you have one. Providers may want to document any warning signs or concerns. Communicate these to the parents and other specialists providing care.

Sudden Infant Death Syndrome (WAC 388-295-4110)

Sudden Infant Death Syndrome (SIDS), sometimes called crib death, is the leading cause of death for infants one week to one year of age. With SIDS, seemingly healthy babies stop breathing during their sleep. With more infants in child care today, it is inevitable that some SIDS deaths will occur in child care settings.

Providers who have had a child die of SIDS in their care often blame themselves and wonder what they might have done to prevent the tragedy. Depression and feelings of guilt are common. It is important to understand that there is no way to predict or prevent SIDS. Your licensor, local health department, or the National SIDS Foundation can give you information on support and counseling available in your community to help you deal with the tragedy.

Feeding



Health and Sanitation (WAC 388-295-4030, 388-295-4040)

You should keep bottles refrigerated except when feeding the infant. You should equip the infant room with its own small refrigerator. Most infants will drink formula at room temperature. If you prepare the bottle at feeding time from powder or concentrate, you may wish to mix the formula with warm water. Make very sure the formula is not too hot before feeding the infant. A good way to heat bottles is to stand them for a few minutes in water that is hot but not boiling. Heating bottles in a microwave oven is a dangerous practice and should be avoided.

Store bottles and nipples so you don't contaminate one while getting another. One good way is to store each clean nipple with a clean bottle and keep a cap on the bottle. Also, cap used bottles when you store them in the refrigerator for reuse that day. At the end of the day, you must dump or send home all formula not used.

You may want to have parents send prepared bottles every day and take home the empties every night. You may be participating in a food program and preparing bottles on site. Whatever your feeding policy, make sure you discuss it with your parents.

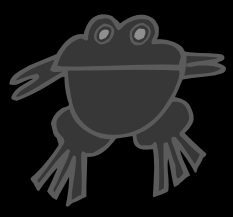
If parents send either powdered or liquid canned formula, ask them to bring you an unopened can. That way you can be sure how long it's been open. Make sure you check the expiration date, usually printed on the label or the bottom of the can. Label the can clearly with the child's name and the date it was opened. Cover and refrigerate opened cans of liquid formula between feedings.

If a nursing mother sends breast milk for her baby, make sure it is labeled and refrigerated.

Infants and toddlers may have a need to suck between feedings. Parents may give you permission to offer their child a pacifier. Consult with parents about whether and how often they want you to offer a pacifier. Children generally give up pacifiers on their own when they no longer "need" them. Milk or juice bottles which children carry and suck on periodically do more damage to developing gums and teeth than pacifiers.

You may want to attach children's pacifiers to their clothing. There are many clip types. Make sure the cord is no more than 4-5" long so it cannot wrap around the child's neck. Label individual children's pacifiers, and don't let children share pacifiers. Clean pacifiers when they have been on the floor and sanitize them periodically by dipping them in a weak bleach solution for one minute.

IT IS BETTER TO FOLLOW BABIES' CUES FOR STARTING AND ENDING FEEDINGS THAN TO PUT THEM ON A STRICT FEEDING SCHEDULE.



Feeding Time as a Social and Learning Experience for Infants

Tremendous growth and development take place during the first year of a child's life. As a care giver to infants, two of your most important jobs are:

(1) To provide nutrients to support growth.
(2) To provide stimulation to encourage development.

Feeding times provide opportunities to do both. The following suggestions will help you make the most of those special times in a child care program.

Feeding Cues

Check with parents about any feeding schedule preferences they have. Babies generally let you know when they are hungry and when they are full. Some cues to watch for:

Hunger Cues

Infants may be trying to tell you they're hungry if you see:

- Mouthing.
- Rooting.
- Crying.
- Hands to mouth.
- Sucking movements.
- Clenched fingers.
- Tight fists over the chest or tummy.

It is better to follow babies' cues for starting and ending feedings than to put them on a strict feeding schedule.

Need for a Break in the Feeding

Infants may need to stop feeding for a little when you see:

- Crying.
- Back-arching.
- Pulling away.
- Looking away.
- Coughing, choking, or spitting up.

You should respect the infant's need to rest in the middle of a feeding. Sit the baby up, change position, talk in a soothing manner, and pat the baby gently until calm. The baby will often use this time to explore your face. This is the beginning of communication between you and the baby.

Infants will eat better and in less time if they are alert. Some ways to rouse a drowsy baby include:

- Taking blankets off.
- Changing their diaper.
- Putting your face 7-8 inches away from the baby's face and talking gently.
- Changing the pitch of your voice or the speed of talking.
- Sitting the baby up or putting the baby on your shoulder.
- Gently rubbing the baby's stomach.
- Giving the baby something to grasp.

Signs of Being Full

Infants may be indicating they have had enough when you see:

- Turning or pushing away.
- Back-arching.
- Falling asleep.
- Mouth and cheek muscles relaxing.
- Extended or relaxed arms along side of body, or extended and relaxed fingers.

Some mothers who breast feed will want to continue this when their babies enter a child care program. Your cooperation and support are very important for this to work. Things you can do include:

- *Cooperate with the mother as much as possible so the child's eating and sleeping schedules coincide with her work schedule.*
- *Be sure there is space and a comfortable chair available when she comes to feed the baby.*
- *Offer the mother a glass of juice, milk, or water.*
- *Praise the mother (and yourself!) for the extra effort you both are making for this to work.*

Position, Touch, and Movement

Hold infants close to your body where they can see your eyes and face. Babies get to know you by looking at your face and eyes. They enjoy close contact and feeling safe.

Other tips on holding infants during feeding:

- Young infants do not have good head control and will need a hand behind the head for extra support.
- Hold babies so the head is higher than the hips. This helps babies swallow and prevents choking.
- Hold the bottle or, when infants are old enough, let them hold it. NEVER prop a bottle.
- Stroke babies gently and give affectionate pats and kisses when you feed babies. Touch is one of the most important ways of communicating and interacting with infants.
- Rock and gently move babies. A rocking chair with arms is helpful for movement and to help you support a baby's position. Occasionally change a baby's position, as for burping.

"Bottle Mouth"

There are also physical reasons not to prop baby bottles or put children down to sleep with bottles. Infants tend to keep the last swallow of milk or juice in their mouth. This leads to decay of the children's first teeth, especially in the front of their mouth. This condition also occurs in infants or toddlers who carry a bottle around with them as a pacifier.

If you give a child a bottle to fall asleep with, fill it with water. If children need to suck on something during the day, ask the parents if you can use a pacifier rather than a bottle.

FEEDING TIME IS IDEAL FOR INTERACTION BETWEEN THE PROVIDER AND BABY.

Communication

Feeding time is ideal for interaction between the provider and baby. The following ideas will promote intellectual and emotional development:

- Talk to the baby during the feeding. Talk about anything, describe what is in the bottle, what's going on in the room, how you are feeling, or how you think the baby feels.
- Repeat the baby's sounds. These sounds are the beginning of the baby's language. The baby will make more sounds when you talk back. Babies have short memories (about five seconds), so it is important to answer the baby right away.
- Try different sounds with your voice. Sing, hum, use a different pitch, make funny noises. Babies respond to different tones, voice levels, or unusual sounds.
- Recognize the infant's nonverbal attempts to communicate with you, such as by smiling, laughing, searching, looking for your eyes, or reaching to touch you.

Some babies (often those born prematurely) don't give clues that are very easy to read. If you have difficulty understanding a baby's signals, talk with the parents about ways their baby communicates with them, or consult with a public health nurse.

Signs of stress in infants may include:

- *Failure to thrive.*
- *Lack of weight gain.*
- *Difficult eating patterns.*
- *Decreased ability to be comforted.*
- *Significant behavioral change or regression in their development.*
- *Toddlers may show one of the above symptoms, or have new difficulties with transitions or separation.*
- *Realize that you are also communicating nonverbally with the infant by how you hold and touch them and by your general muscle tension. The baby can feel your body tone and will know when you are relaxed, tense, or uptight. If you are tense, the baby may get tense and upset too. This may affect how well the feeding goes.*

Some things you might try if you are feeling tense while feeding an infant:

- *Take a few deep breathes and try to relax.*
- *Concentrate on specific parts of your body, such as your neck or arms. See if you can get those muscles to relax.*
- *Find a quieter area that is not in the middle of other activities in the room. If there are adequate staff and space, sit with your back to others, or go to a different room that is quiet.*
- *Play a record or tape of quiet, relaxing music.*

Feeding Older Infants and Toddlers

As older infants and toddlers become more independent in feeding, it is important to continue making eating a positive time for interaction and development. Some considerations for their eating include:

Position

When the child is old enough to sit upright and hold a bottle, they may use a:

- High chair.
- Infant seat.
- Feeding table.
- Small table and chairs.
- Booster seat at an adult table.

It is ideal to feed one infant at a time. If that is not possible, arrange seats or chairs so that they can have eye contact and interact with you and each other while you feed them.

Communication

As with young infants, it is important to talk to older infants and toddlers during feedings. Respond to their sounds, and talk in sentences. Describe the colors, textures, tastes, and smells of the food, how you are feeling, the weather, etc., much as you would when socializing during a meal with an older child or adult.

Cues

As with young babies, the older infant and toddler will give you signals about hunger, being full, the need for a rest, and the desire for interaction. Responding appropriately to those cues promotes interaction, builds trust, and helps children become aware of their needs and how to express them.

Keeping older infants and young toddlers neat and clean during meals and snacks is an exercise in futility! It is important for them to touch and explore eating utensils and the food and to experiment with eating. Manners and tidiness will come later. Emphasis on these things will only frustrate you and the child as well as possibly lead to eating disorders.

Starting Solid Foods

Although parents choose most food for their babies, your understanding of nutrition and feeding is important so you can be a resource when they have questions.

The choice of foods for babies should come from their nutritional and developmental needs. For most babies, breast milk or formula is the best source of nutrients throughout the first year of life. At four or five months of age, however, most babies are learning to munch and are becoming interested in semi-solid foods.

Caregivers should feed infants semi-solid food, such as cereal, with a spoon, not through a bottle. Chewing, gumming, and swallowing skills are necessary for infants' language development. Sucking food from a bottle does not allow infants the opportunity to gain tongue skills for language.

Ask the parents what foods they are starting at home and follow that plan at the center. Introducing only one new food per week is a good idea. If the infant has an allergic reaction, it is then easier to pinpoint which food is causing the problem.

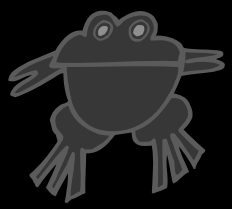
You might keep a log of when parents are starting new foods, what you are feeding at the program, and how the baby accepts the food. This serves as a valuable memory aid when you care for more than one infant or when different staff people tend the infant at different times.

Bland, easily digested foods such as single-grain cereals (rice or oats), mashed carrots, or bananas are good at first. Finger foods and small spoons help with feeding solids and promoting self-feeding and fine motor development in older infants.

Citrus fruits and wheat generally cause the most problems with allergies. It is best to add them to the baby's diet last, when the digestive and immune systems are a little more mature.

Baby food in jars can quickly spoil once open. Use a clean spoon to put the portion you plan to use in a bowl or cup. NEVER feed directly from the jar unless you are planning to throw the jar away when done. If you want to get more from the jar, use a clean spoon, not the one you have been using to feed the baby. Throw away the unused portion in the bowl or cup.

USE DIAPER CHANGING AS A TIME FOR RELAXED, ONE-ON-ONE INTERACTION WITH CHILDREN.



Changing from Bottle to Cup

Somewhere between ten and twelve months, most babies develop fine motor and additional swallowing skills to be able to drink from a cup. This is the best time to start gradually using a cup and should occur in coordination with what is happening at home. Cups with weighted bottoms or covered tops will reduce the amount of spills as the child gradually learns to pick up and set down the cup without tipping it over.

The infant may miss the comfort that comes from being held during feeding. The transition from bottle to cup will be easier if you find other times to have similar close contact with the baby.

Diapering and Toileting

Use diaper changing as a time for relaxed, one-on-one interaction with children. Don't communicate disgust or disapproval. Handle children gently as you go about cleaning them up and diapering them. Talk to the child constantly. There should be lots of eye contact, smiles, and social games. Pleasant and stimulating diaper changing times are especially important for younger infants, whose range of activities is so limited.

Diaper Changing Area (WAC 388-295-4120)

The diaper changing area is one of the places where germs that cause disease are most likely to live and spread. The best way to prevent the spread of germs is if:

- The diaper changing area and supplies are laid out so you can immediately seal all soiled items in moisture proof containers.
- Care givers wash their hands thoroughly after each diaper change. Disposable plastic gloves do not prevent the spread of germs by themselves. If you rely on plastic gloves, you must use a new pair of gloves for each diaper change. Because of infant care separation requirements, the diaper changing area and sink must be in the room where infant care is given. This is the best practice for toddler care as well. When deciding the layout of your changing area, remember all the things you may need to reach while changing a diaper:

(1) Supplies. You will need on hand a supply of diapers, baby wipes, washclothes, plastic bags, markers for writing on bags, etc. Diaper ointments and powders qualify as nonprescription medications. You cannot use these without the parent's written permission. Parents can send in an individual supply with the child's name on the container.

(2) A place to change the child. For the provider's comfort and convenience, the changing surface is often elevated. In this case, it is good practice to use a safety belt on the child. You must never leave a child alone on a raised surface. For the child's comfort, you should cover a hard changing surface with moisture-proof padding, especially under the child's head. The changing area should have a raised lip or railing around the pad, to keep the pad from slipping out of position.

(3) A change of clothes for the child.

(4) Materials for sanitizing the changing surface. The changing surface should be sanitized after use by spraying the surface with a bleach solution (1/4 cup bleach to one gallon of water), wait one minute, then wipe the surface dry. The bleach solution should be labeled and changed daily.

(5) A covered container for disposable soiled items, such as used baby wipes, disposable diapers, plastic gloves, changing table covering, paper towels, etc. You must sanitize this container each time it is emptied or line it with a plastic liner.

(6) A container for cloth diapers. This might be a single diaper pail with an airtight plastic liner, if the center is supplying the diapers. If you send the diapers home for laundering, you can:
- Individually wrap them in airtight baggies.
- Place them in a large, single use garbage bag. If more than one child is in diapers, label the bags clearly.
- Place them in a labeled, covered diaper pail or other transport container for individual families. Unless you or the parents sanitize the diaper pail with bleach each day, you must line it with an airtight plastic bag. Store soiled items out of the children's reach. Parents should not have to take diapers out of one container and put them in another when they take them home.

(7) A covered container or containers for nondisposable soiled items. One container may be for items the center washes, such as used towels and washcloths. Another (often an airtight plastic bag) can be for soiled clothes or plastic pants going home. Parents appreciate it if you put soiled clothes and soiled diapers in separate containers.

(8) A sink for washing hands. The handwashing sink must be in the same room or in an area directly adjacent to the diaper changing area. The sink should be close enough so the provider need only pivot and take a single step to reach the sink.

Some providers find it useful to wear an apron with many pockets while they are caring for infants. That way they always have items like tissues, wipes, bandaids, and interesting toys available when they need them. They also then have a place for items like empty baby bottles and dirty pacifiers until they can put them away or clean them.

In most parts of the state, providers can use either disposable or cloth diapers. You can dump bulky diaper stool in a toilet, but you should not rinse diapers, plastic pants, and soiled clothes at the center. The risk of spreading germs is too great. The center may choose to either:
- Send the diapers home with parents for laundering; or
- Subscribe to a commercial diaper service. For young children who use diapers at the center regularly, a diaper service fee can be part of the tuition agreement.

Some providers have found it worth while to subscribe to a diaper service, if there's one available in their area. There are several advantages:

- *It's more convenient for the center, because it eliminates the need for multiple storage containers.*
- *It's easier for the parents, because they don't have to haul diapers to and from the center.*
- *It's kinder to the planet.*

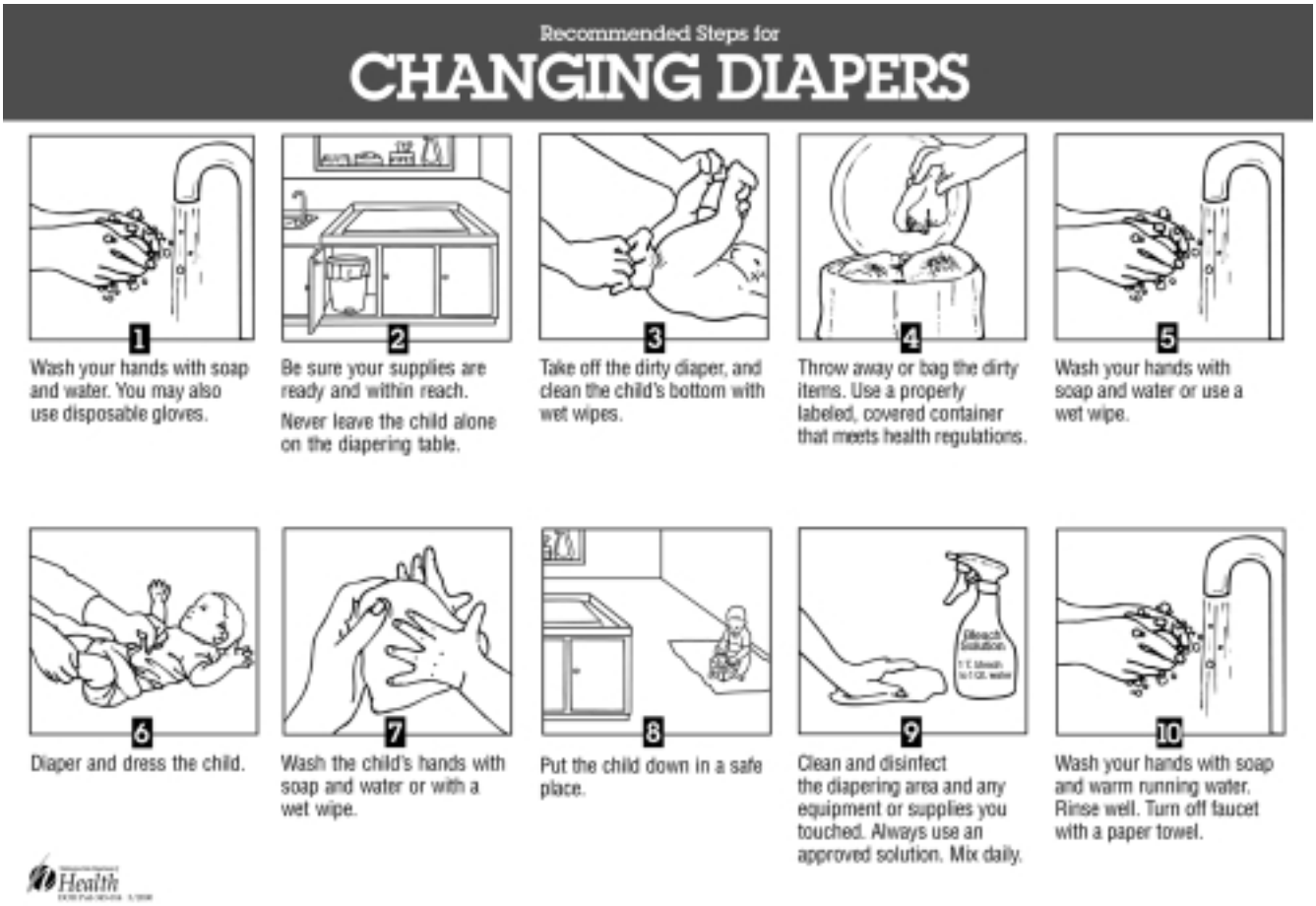
If the center supplies diapers, make sure parents know about it. For parents concerned about higher costs, mention your commercial rate for the service and their reduced diapering cost at home. This makes the service economical and convenient. If parents insist on sending their own supply of diapers, you may wish to let them do so.

Some counties ban or are considering bans on commercial dumping of disposable diapers in their landfills. Consult with your local health department to determine whether you should send home soiled disposable diapers with the parent or prohibit the use of disposables.

All persons changing diapers need to be aware of proper procedures. To ensure this, all centers must post their diaper changing procedures in the diaper changing area. If you wish, you can use a poster available from your licensor or surveyor.

Centers may chose not to chart diaper changes, although charting can be a useful tool. In fact, there are advantages to charting all the infant's routine activities during the day; sleep schedule, diaper changes, and feeding times since:

SWADDLERS, WADDLERS, & TODDLERS
REDUCED VERSION OF DIAPER CHANGING POSTER



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- Infants cannot talk; parents appreciate any information that helps them know more about their child.
- The charts serve as a memory aid so staff do not forget a child's feeding or diaper change.
- Daily records help to spot changes in children's routine behavior which may indicate they are sick or under stress.

Germs love warm, damp, dark places, and there's no place warmer, damper, and darker than a soiled diaper! Young children in diapers are subject to bacterial rashes and yeast infections which look terrible and are painful for the child.

If a young child's bottom is starting to look irritated, there are a number of steps you can take to clear up the infection:

- *Keep the area as dry as possible. Change the child frequently, clean thoroughly, and let the bottom dry before putting on a new diaper. If the parents give written authorization, you can use an ointment on the red area to form a moisture barrier for the skin.*
- *Keep the child's bottom uncovered whenever possible, or try using a thick cloth diaper with no rubber pants for at least part of the day.*
- *If the condition persists, the parents may need to get a prescription antibiotic to clear up the infection. Again, you should not use other ointments in combination with this treatment, as the medication must be in contact with the skin to work.*

Toilet Training

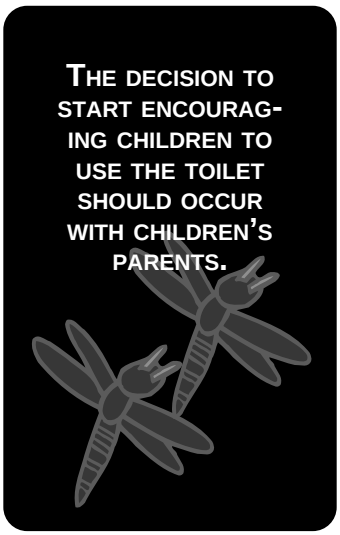
Toilet training is a patient affair. Providers should wait for children's physical development and for them to decide to use the toilet like the "big kids."

Toilet training starts long before children actually go to the bathroom in the toilet or potty chair for the first time. Providers let them watch other children use the toilet. They let the children examine the toilet to see how it works. Providers talk about how nice it will be not to wear diapers any more. They let the children practice sitting on the toilet to see how it feels and to get over any fears.

The decision to start encouraging children to use the toilet should occur with children's parents. Based on their knowledge of children's habits, providers can schedule regular trips to the toilet. Providers should praise children when they have a successful "event," but not criticize them if nothing happens or insist they sit longer. Providers help wipe children after they use the toilet and then disinfect the equipment.

Gradually, providers encourage children to decide for themselves whether they need to use the bathroom. Providers schedule regular reminders during the day. If you or parents expect children to start using the toilet by themselves, it is important children wear training pants rather than diapers. They should also wear clothes they can pull down and pull up themselves. This makes it physically possible for them successfully to use the toilet. It also communicates to them that they are no longer considered babies.

THE DECISION TO START ENCOURAGING CHILDREN TO USE THE TOILET SHOULD OCCUR WITH CHILDREN'S PARENTS.



If you use special toileting training equipment, it should be stable. That way children will not get scared or accidentally knock over the equipment. Potty chairs are not the best equipment, for sanitary reasons. Toilet inserts or child-sized toilets are preferable. All toileting equipment must remain on moisture proof surfaces.

Red Light, Green Light

Regulations, best practices, and helpful hints about:
Safety and Environment

Chapters

Chapter 20. WAC 388-295-5020

General Safety, Maintenance, and Site

A safe center is one you organize with the child's care in mind. This can range from child-proofing electrical outlets to putting a gate across stairways. A safe center also has clear spaces where children can move and play away from potentially dangerous appliances or poisonous substances.

The safer and more carefully you plan the environment, the fewer times adults have to interfere with the children's self-initiated activity. Examples of planning ahead are:

- Arranging furniture so children are not likely to trip over it, run into it, or get a poke from it as they move about.
- Storing toys or books within a child's easy reach so climbing to reach them is unnecessary.
- Having child-sized tables and chairs so the children can use them safely.

These are some of the ways you can "child-proof" your center. In the following chapters, we discuss other precautions you can take so your staff and children can relax and enjoy themselves.

Operating A Safe and Healthy Site

Not all neighborhoods are as free of crime, drugs, pollution, or other dangers as we might like. If child care occurs in a neighborhood where such dangers are present, the licensee must show that the health and safety of the children will not be in jeopardy. The center can ensure the health and safety of children through a combination of:

- Close supervision by staff at all times.
- Structural features of the center — sturdy fencing, a lighted exterior, good insulation from noise or air pollution, or self-locking doors and security bars.
- Your policies and procedures — the times and places children play outside, whether you take children for outings in the neighborhood, and precautions in releasing children only to authorized persons.

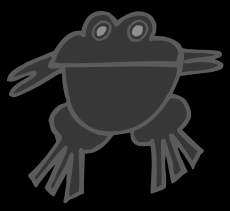
In similar fashion, child care is essential in hard-to-reach, sparsely populated areas as well as more accessible ones. The licensor may ask the director to give evidence that care will be safe by describing whether:

- Roads and driveways leading to the center are clear in bad weather.
- Emergency fire and medical care is available within a reasonable distance.
- Back-up or substitute staff is available.
- Resources for ongoing staff training and development are available.

Water Supply, Sewage, Drainage, and Disposal of Waste Water

Centers must have either public water and sewer line hook-up or have documentation from their local health department that private wells and septic tanks are acceptable. Your local health department will tell you how often you should have your system inspected. During facility reviews, your health specialist will ask for copies of your water quality and sewage system inspection reports.

YOUR LOCAL HEALTH DEPARTMENT WILL TELL YOU HOW OFTEN YOU SHOULD HAVE YOUR SYSTEM INSPECTED.



Make sure water drains well from your property, especially in your outdoor play area and areas you use for sprinklers, emptying wading pools, etc. If you have a problem with standing water, your surveyor may require you to take some action. For example, you might need to use a hose to drain your wading pool directly to a sewer grate, have an alternate outdoor play area, or lay drainage tiles.

You must not fill or empty mop water in your kitchen or handwashing sinks. The chance of spreading germs or chemicals from the mop, mop bucket, or dirty water is too great. Utility sinks, for example, a laundry room sink or a sink, in a janitor's closet are great for filling and emptying mop buckets. If you don't have a utility sink, you can fill a mop bucket from a bathtub faucet, a hose attached to a sink faucet, or an outdoor faucet. You can get rid of dirty mop water by flushing it down the toilet.

Other Environmental Hazards

Depending on the location and age of your facility, there may be other environmental hazards to check for. Some examples:

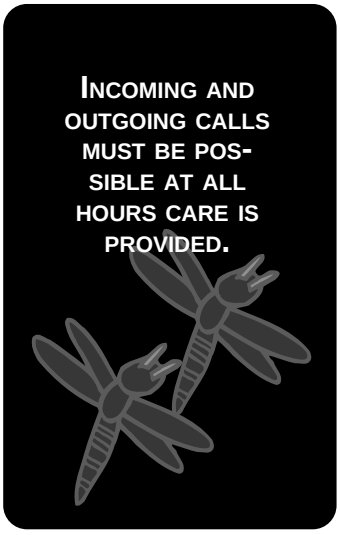
Lead. Lead in the blood can permanently damage children's memory, intelligence, or coordination without ever making them visibly sick. Lead poisoning most often comes from:

(1) Lead-based paint. The government banned leaded paints in 1978. If you have a facility with old paint, be alert for peeling paint. If you repaint the outside, lay out plastic sheeting to catch the paint scrapings. If you remodel inside, remove or cover all furniture and carpets first, and seal off the area from the rest of the building.

(2) Water pipes made of lead or joined with lead solder. If you have this kind of plumbing, you might want to test the lead content of the water. One way to reduce the lead in water is to run the cold water every morning for a minute to flush the pipes, and only use cold water for drinking and cooking. If the lead content in your center's water is high, you can remove the pipes or install aluminum filters at your sinks.

Insecticides. Keep children away from weeds or other areas you sprayed with insecticides. However, the main insecticides you need to worry about are not the ones used outside. They are the ones you introduce into the center yourself. Whenever you exterminate the center, remove all bedding first, air out the center with fans afterwards, and keep all children off treated surfaces for at least 24 hours. Don't use rat bait or "roach motels" where children can reach them. If you give a pet a flea dip, keep children away from the pet for a few hours.

Toxic art supplies. Harmful chemicals are in such materials as permanent markers, rubber cement, certain glues, paints, and glazes, and silica clays. There are safe substitutes for all these materials. Children should never use them, and staff should use them sparingly and out of the reach of children.



Radon. Radon is a radioactive gas which occurs naturally in the soil. Basements or foundations can sometimes contain levels of this gas which health authorities think MAY be linked to lung cancer. If you have concern, you can buy radon detector kits, sometimes for as little as ten dollars. Exhaust fans in the basement or under the foundation of the center can eliminate the problem.

Electromagnetic fields. When electricity passes through a wire, it generates an electromagnetic field around the wire. SOME experts believe that persistent exposure to electromagnetic fields can increase the risk of childhood cancer. Such exposure is most likely in the vicinity of high voltage transmission lines or right next to appliances. The simplest precaution you can take is to make children sit at least two feet away from TV screens and computer monitors. If there are high voltage power lines adjacent to your play area, you might consider an alternate play area or petition the power company to relocate the lines.

Working Telephone

Incoming and outgoing calls must be possible at all hours care is provided. For example, staff in an after-school program operating in a school cannot rely on office personnel to forward messages to them if the office closes before the center. The program will need to have its own phone line. Call forwarding to an off-site phone is inappropriate.

Answering machines are wonderful tools for:

- Answering the phone when you're busy with children.
- Screening calls.
- Catching calls after hours.

However, they should not keep parents from getting an important message to you about their child. You may want to put in a second phone line in the care room with its own number. Parents need to know that, if it's important to get in touch with you, they can do so immediatly.

Electrical Outlets

Electrical outlets in your center must be such that children cannot shock themselves by inserting objects into the outlet. There are several means of doing this:

(1) Make the outlet inaccessible to children. This can be done by:
- Using outlets that are out of reach of the children, high on the wall or in a ceiling light fixture.
- Covering outlets at children's level with a blank face plate.

(2) Use a child safety cover plate on the outlet that has a twist or sliding mechanism. The mechanism requires coordinated effort, such as first pushing and then twisting, in order to access the interior of the outlet. Your licensor or health specialist can tell you popular brand names and sources.

(3) Use a safety outlet, such as a:
- Ground Fault Interrupt (GFI) Circuit.
- Shunt or shutter type mechanism.

These types of outlets require rewiring. Ask about these at your local hardware store.
- Plastic plug type caps are not safe.

PUT STICKERS OR DECALS ON THE GLASS AT THE CHILDREN'S EYE LEVEL.

Glass Doors and Windows

Generous use of glass in centers is wonderful, as it lets in natural light and lets the children see what's going on in the world around them. However, if glass areas extend down to the child's eye level, there is a danger of children thinking a window, sliding door, or display case is open. They may try to reach or walk through the glass.

To avoid this problem, you must either:
- Place a barrier between the children and glass area, so they cannot reach it; or
- Put stickers or decals on the glass at the children's eye level. That way it is clear to them that there is something solid in front of them. These might be good areas to hang children's art.

In areas of high traffic or boisterous play, arrange furniture and shelving so children cannot accidentally lean against, kick, trip, or push someone into panes of glass. Similar cautions are in order if basement windows next to the children's outdoor play area extend up to the children's level.

You cannot expect infants and toddlers to have either the self-discipline or the large muscle coordination to be careful around glass. Large, low panels of glass are inappropriate in these age groups' play areas, unless the glass has a shield or is shatterproof.

Shelving and Portable Furniture

Portable barriers, room dividers, and shelving can effectively divide up large open spaces:

- For use by multiple groups.
- To control traffic patterns.
- For displaying posters and children's work.

You should take care to see that the dividers and shelving are:

- Stable, such that a child cannot accidentally topple it by leaning against it, bumping into it, or stepping on the lower shelf.
- Clean.
- Attractive.
- Safe.

You may need to stabilize heavy shelving with several levels. You might use bolts or L-brackets to attach the shelves to the wall. You might attach tripod supports to the base of the shelf unit. Other ways of decreasing the chances of children knocking over shelves include:

- Putting shelving units back-to-back or against the back of a stable pieces of furniture.
- In board-and-brick shelving, using bricks at least 8" -12" wide, and not going more than three shelves above floor level.
- On wall-mounted bookshelves, making sure each shelf is securely attached to its bracket.

Floor Covering

Children enjoy having both hard and soft floor surfaces on which to walk, sit, and play. Carpeting is a comfortable surface for children, helps insulate your building, and absorbs noises. However, carpeting is hard to keep clean and sanitary, especially in areas where there tend to be messy or wet spills, such as:

- Bathrooms.
- Laundry areas.
- Kitchens.
- Around sinks, especially sinks used by the children.
- Eating areas.
- Art areas.
- Doorways leading to and from the playground or the parking lot.

Moreover, if carpets remain damp for a period of time, mold and mildew will develop. This can lead to respiratory and allergy problems.

Flooring in areas subject to wetness such as kitchens, bathrooms, and areas around children's sinks must be nonabsorbent and easily cleaned. Examples are:

- Wood sealed with varnish, shellac, or paint.
- Linoleum.
- Tiles.
- Vinyl runners.

You must cover or paint wood platforms children use at sinks for stepping stools.

The edges of carpets that do not extend all the way to the wall present a common tripping hazard. Inspect your carpets regularly for rips, holes, and exposed seams. Secure edges in walking areas to the floor with:

- A metal or plastic carpet strip.
- Double-stick tape.
- Carpet adhesive.

Using small throw-rugs on linoleum or polished wood floors is not a good idea unless you glue them down or they have a nonskid backing. Children are likely to slip on them and fall.

Exits, Stairs, and Decks

Centers must equip stairways, steps, and ramps which children use with secure handrails at the child's height. Ramps are a good idea if you have infants or children with special needs in care. If steps children or parents use are slick or become slippery when wet, consider painting them with a non-skid material. Ask at your hardware store.

You must use safety barriers, such as baby gates, to keep young children from stairways and other areas where they might injure themselves. Safety barriers may also be necessary with older children to block off certain areas such as radiators. You must equip balconies, decks, and other raised surfaces with fencing or railings so children cannot slip through or climb over them.

You should securely anchor baby gates in doorways or stairways where they are in place. Your fire department may require the kind of barriers that staff can kick out of the way in an emergency.

Accordion-style baby gates are not appropriate. Children can trap their fingers or heads in the diamond-shaped openings. Gates with a straight top edge and rigid mesh

screen are the best. If you use a gate that has an expanding pressure bar, make sure you install it so the bar is on the side AWAY from the children. Otherwise children may use the bar as a "step" to climb over the barrier.

Locks

When children are in care, they must be able to open doors leading in and out of the different care areas and to the outside. You must ensure doors are not locked or too heavy to operate. Do not put child-guard covers over the doorknobs while children are in care. Infants and young toddlers will not be able to operate all doors independently. This is one of the reasons why these age groups require a smaller staff-child ratio.

You may have to mount a spring or some other device near the top of self closing fire doors to give young muscles help in swinging open the doors.

Think about removing locks on doors you do not need to lock for security reasons, including bathroom doors. If you keep bathroom door locks in place, ensure you can quickly reach a child who locks himself in the bathroom by:

* Hanging the key or insert pin next to the door.
* Including instruction in how to open the door in the staff orientation.

Be careful in placing closet door latches. Children must be able to open doors from the inside of the closet.

If staff or parents need to use the same bathroom as the children and the door doesn't have a lock, you may want to install a hook and eye. You should do this at adult height on the interior side of the door to ensure privacy.

You might want to secure doors leading to the outside in parts of the center in order to:

- *Keep unauthorized persons out.*
- *Stop toddlers with a tendency to wander.*

For the first purpose, you can use door handle locks which disengage automatically when you turn the handle on the inside. You might equip some of the doors with panic bars. You must not use dead bolts, chains, or other devices requiring a child to work a separate mechanism while children are in care.

For the second purpose, you can place child-guard covers over doorknobs to prevent toddlers from escaping. Remember, you must show other children in care how to work the handle or remove the cover in an emergency.

Wood Surfaces

Rough wood surfaces — including wood floors — can be a source of painful splinters. You cannot fully clean and sanitize unsealed or uncovered wood surfaces. You must cover or finish all interior wooden surfaces within reach of children. Alternative methods include:

- Sanding the surface until smooth, then coating the surface with wood sealer, varnish, shellac, or paint.
- Covering the surface with decorative cloth or contact paper.

Shielded Light Bulbs

If someone hits or bumps a light bulb or the bulb burns out, it can break or explode. It could shower children with broken glass and expose the electric filaments. To prevent this, you must shield all light bulbs in areas accessible to children. This includes all regular light bulbs and florescent tubes you place:

- In the ceiling.
- In floor or table lamps.
- On the front porch.
- In the outdoor play area.

There are several different ways of shielding light bulbs:

- Many florescent light fixtures come with a plastic cover.
- Globes you can put over lamps and ceiling lights.
- You can make covers and shields by using sheets of plastic diffusing material available at many hardware stores.
- You can buy special plastic-covered, shatter resistant bulbs in either regular or florescent types. Ask your licensor or health specialist for particular names and sources.
- Wire cages and lamp shades offer some protection. They protect a bulb from a blow but may not protect children from shattered glass if a bulb does break.

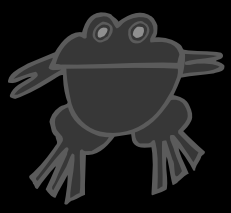
Make sure that you replace light bulb shields when they break or you lose them. This not only ensures the safety of the children, but makes the lighting of the area more pleasing to the eye.

Indoor Heating Equipment

Here are several reminders to help prevent heating equipment from causing an injury or accident.

- Shield wall and baseboard heaters so children cannot touch hot or sharp surfaces.
- Use shielding material that does not become excessively hot. REMEMBER, you will need to remove barriers to clean the heating units.

PLACE BARRIERS AROUND WOOD STOVES AND FIRE PLACES SO CHILDREN CANNOT REACH HOT SURFACES.



- Ensure proper air-flow so heating units operate efficiently and safely.
- Place barriers around wood stoves and fire places so children cannot reach hot surfaces.

The State Fire Marshal's office prohibits the use of portable space heaters.

Ventilation

Ceiling and wall vents and furnace flues are frequently subject to clogging, especially in bathrooms. When this happens, the air does not circulate properly, creating a health and comfort problem.

Inspect your vents every few months, especially in the winter when the furnace runs regularly. Unscrew the grill, and wipe out or vacuum as needed. Remember to replace your furnace filters at least once a year. Twice a year would be better. This increases your furnace efficiency, saves money, and improves the air quality in your center.

Proper air circulation is especially important in your bathroom area for obvious reasons. The bathroom must have ventilation to the outdoors by using:

- A direct or mechanical air vent, or
- A window that is opened at least part way during care hours.

A bathroom door that opens to the care or kitchen area does not supply adequate ventilation.

Power Outages

Providers must have easy access to some light source they can use in case of a power failure. Best practice is to have a flashlight, or you might choose to use:

- Battery-powered wall lights, like the ones sold for using in closets.
- Plug-in, rechargeable flashlights that turn on automatically when the power goes off.
- Smoke detectors that light up automatically when they activate (and which have a manual "on" switch).

Plug-in nightlights that come on automatically when a room is dark are also handy but will be little help in case of a power failure.

A flashlight does you no good if its batteries are dead. Check the batteries regularly and keep spares on hand in a convenient place. One way to guarantee you always know where to find a fully charged flashlight is to use one of the rechargeable varieties. Always plug it in when it is not in use.

Flashlights are useful for occasions other than fires. You will be glad you have one when you need to:

- *Peer into a furnace.*
- *Find an outdoor shutoff valve.*
- *Help a parent find the keys they dropped somewhere in front of your building.*

Here in Washington, it gets dark pretty early in the middle of winter. Be prepared.

If you undergo an extended power failure and have to stay indoors, a single flashlight may not provide necessary light and calm children's fears. The state Fire Marshal's office prohibits the use of candles in child day care centers.

Pets

Pets in your center can teach children about such values as kindness, caring, respect, and responsibility. Choose pets carefully by considering the:

- Ages of children in care.
- General "hardiness," temperament, habits, and space requirements of the animal.
- Staff's willingness to tend to feeding, cleaning up, and exercising the animal during periods children are not present.
- Necessity to leave the building heat on when the center is not open.

Restrictions apply to certain pets. For example, dogs and cats require deworming or shots. Birds must come from an approved source or have a veterinarian's certification. The Humane Society, Society for the Prevention of Cruelty to Animals, or a pet shop owner can help you choose animals. They can also tell you how to care for them properly.

Supervise children closely when they play with pets to assure the safety of both children and animals and to teach proper behavior. Keep children from touching animal waste, clean up animal waste promptly, and dispose of it properly. When cleaning aquariums, poor the dirty water in a utility sink or down the toilet, not in handwashing or food preparation sinks. Children and staff should wash their hands after handling an animal.

Inform parents about pets children will be handling at your center. Make sure parents are aware of "resident" pets. Some children are allergic to certain animals or have fears about them.

You must cover outdoor sandboxes when children are not using them so your pets and other animals in the neighborhood don't think it's their litterbox.

Chapter 21. Fire Safety WACS

Fire Safety

Fire safety inspections will use the standards in the Uniform Building Code in inspecting your facility. You should contact your local building officials in order to obtain a certificate of occupancy as early as possible in the licensing process. You will be required to obtain the certificate and obtaining it early will generally facilitate fire inspection and approval.

Equipment and Structural Requirements

Exits

In general, every floor and most rooms children use must have two ways of getting out. Additional restrictions depend on whether your center:

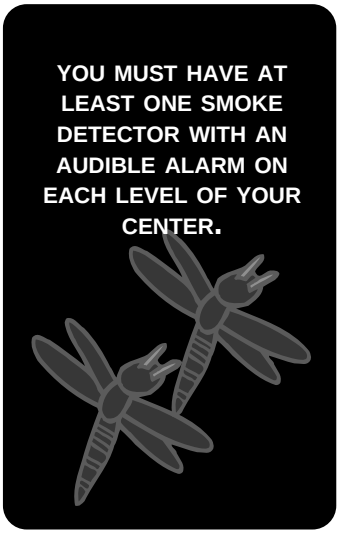
- Has 50 or more children on site at any one time.
- Is located:
  - (a) At ground level.
  - (b) Less than four feet above or below ground level.
  - (c) More than four feet above or below ground level (a second story or basement).
  - (d) On the third floor.
  - (e) On the fourth floor or higher.
- Shares occupancy with another business.

If you have a center that is anything other than a ground level, single occupancy facility, talk to your licensor and local fire inspector.

Doorways and exit windows must open freely enough so a young child has the muscle strength to open them unassisted.

You must keep clear pathways leading to exits. During child care hours, remove window pins, wooden sticks, etc., you use to secure windows from break-ins. You cannot have locks, bars, or grilles on exits unless they release automatically when someone turns or pushes the handle or latch.

If parts of your center do not have windows which let in light from outside, you may need to mount emergency, battery-powered lighting. It is important that children and staff are able to make their way out of the building safely, even if there is a power failure. Your fire inspector will let you know if your center must install this equipment.



Smoke Detectors

In general, you must have at least one smoke detector with an audible alarm on each level of your center. You must have an additional smoke detector in each room where children nap. Follow the directions on the packaging telling you where to place the detectors relative to walls and doorways.

Battery operated smoke detectors are acceptable unless you serve 50 or more children, share space with another business, or if your center is not at ground level. Under those circumstances, the center must have an "electronically supervised alarm system." Such a system includes smoke and heat detectors, a sprinkler system, and an alarm all with wiring into a central control panel. If you have such a system, you must test it monthly and have a professional inspection annually. Keep records on these tests and inspections on file. Make sure all staff know how to turn off the alarm manually. Warn them not to do so before the fire department checks to make sure there is no fire.

If you use battery operated smoke detectors, you must keep an extra battery on the premises at all times. Staff must manually activate smoke detectors once a month to make sure they are still working and record the dates of the checks. Most smoke detectors "beep" periodically when the battery is running low. Check your packaging.

The Fire Marshal recommends that you replace the batteries in your smoke detectors every six months. One way to remind yourself to do so is to change the batteries at the same time you change the clocks for daylight savings time.

Fire Extinguishers

Centers must have at least one fire extinguisher rated 2A:10B:C at 75 foot intervals on each level of the center. You must mount fire extinguishers on the wall with an approved bracket. You should mount them high enough so children won't play with them but low enough that staff can get them down easily. Make sure all staff know how to use the fire extinguishers.

Fire extinguishers do not retain their charges forever. You must take your fire extinguishers in for recharging and inspection once a year. Keep records showing you have had someone check your fire extinguishers.

Inspections and Ongoing Safe Procedures

An authorized representative of the Fire Marshal's Office or your local fire department will perform your first inspection. Your licensor does follow-up inspections.

In addition to the above structure and equipment considerations, the fire inspector will look at general features of the center to see if there are fire hazards.

Washington State Department of Social & Health Services

DIVISION OF CHILD CARE AND EARLY LEARNING

FAMILY CHILD CARE HOME

FIRE SAFETY RECORD AND EVACUATION PLAN

Please post.

Check daily:

- Evacuation plan and procedures are posted.
- Exits open freely; exits are not blocked.
- Electrical appliances are working properly.
- Electrical outlets are not overloaded.
- Extension cords are not used in place of permanent wiring.
- Fireplaces, wood buring stoves, fireplace insrts, heaters, etc., are used safely and barricaded when needed.
- Combustible rubbish is not allowed to accumulate.
- Flammable or combustible material is stored safetly.

MONTHLY FIRE DRILL RECORD												
Month:	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date:												
Time:												
Number of children:												
Length of drill:												
SMOKE DETECTOR												
Date detector checked (monthly):												
Date batteries replaced (annually):												
FIRE EXTINGUISHER RECORD												
Date extinguishers serviced (annually):												
FIRE EXTINGUISHER RECORD												

Please write your plan to evacuate children from your facility in case of fire. Use the back of this sheet if necessary.

1. What will the person discovering the fire do?

2. How will you sound an alarm?

3. What will you do before the fire department arrives?

4. How will you make sure all persons are evacuated and accounted for?

Provider's Name:		***Date:***	

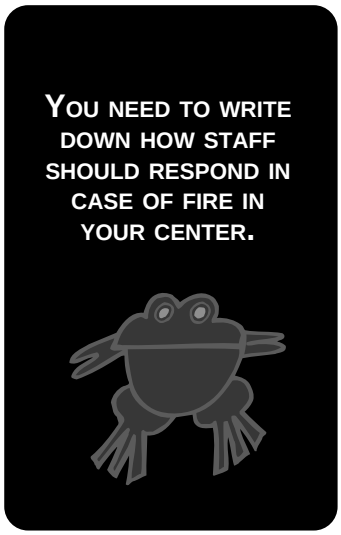
DSHS 15-235 (REV. 09/1996)

You must do self-inspections of your center monthly and keep the dated self-inspection forms on file.

Your licensor or fire inspector will give you a poster which describes general fire safety procedures. This poster must be posted where parents and staff can clearly see it.

Fire Drills and Evacuation Procedures

You need to write down how staff should respond in case of fire in your center. Describe all the steps from when the fire is detected to when the fire department arrives. Include a simple diagram of the center, showing routes for getting different groups children out of the building and where they gather outside.



Post evacuation diagrams in each room and in hallways.

If the center does not have an automatic alarm system, staff must have some sound-making device readily accessible at all times that the children recognize as a fire alarm. This does not need to be an electricalalarm. Staff might use:

- The manual test button on the smoke detector.
- A special bell or whistle for use only to sound an alarm.

When you have fire drills, do them at different times of day and pretend the fire is in different locations. This way staff and children can practice using alternative exits.

Don't always let the children know in advance when there's going to be a fire drill. They won't get any advance warning if the real thing ever happens. Children need to practice:

- *Keeping ears uncovered and keeping quiet, so they can listen to instructions from staff about where to exit.*
- *Exiting quietly and calmly.*
- *Lining up quietly outside away from the building.*
- *Waiting for the announcement that they can go back inside.*

When the alarm sounds, different center staff should attend to the following:

- Leading the groups from the building to designated areas and supervising them there.
- Getting the attendance records so they can confirm that all children are out of the building.
- Closing doors and windows.
- Checking all areas of the building, including bathrooms, where a child might be left behind.

The Fire Marshal's Office has a standard fire drill recording form. You can use this form or your own which provides the same information.

On other occasions, providers can cover other aspects of fire safety, such as:

- How to stop, drop, and roll if their clothing is on fire.
- How to crawl on their hands and knees if a room is full of smoke.
- How to feel a doorknob for heat before opening it.
- How it's important to have an emergency evacuation plan at home, not just at the center.

Providers should discuss with the children how their lives are more important than any possessions. That's why they should get out of the building immediately, and not:

- Put their shoes on.
- Go to get their coat.
- Race to their cubbie to save their favorite toy.

Preparing for Other Emergencies (WAC 388-295-5030)

There are other emergency situations for which centers and children should be ready. The main one, at least in western Washington, is earthquakes. The basics of earthquake response are:

- If you and the children are indoors, everyone should move away from windows and glass areas. Everyone should get under a desk, table, or other solid object and cover their heads.
- If you and the children are outdoors, stay outdoors. Move to an area clear of trees, buildings, and power lines.
- When the shaking stops, stay alert. Aftershocks are common. If you notice gas, fire, or exposed electrical wiring, move the children to safety. Take rosters, pickup authorizations, and emergency medical lists with you.

PROVIDERS SHOULD DISCUSS WITH THE CHILDREN HOW THEIR LIVES ARE MORE IMPORTANT THAN ANY POSSESSIONS.

In most emergencies such as floods, blizzards, or volcanic eruptions, you have time to turn on a radio and listen for civil defense instructions. Make sure you have a radio somewhere in the center, preferably a battery-operated one. Civil defense authorities will either tell you to keep the children safely inside or will help you evacuate the center. Again take rosters, emergency phone numbers, pickup authorizations, and emergency medical lists with you.

Let parents know that in an emergency situation you will care for their children until they arrive. Assure them that the center will be open till parents pick up all children. Tell parents if they or another authorized person cannot pick up the child, you need written or telephone authorization to release the child.

Chapter 22. WAC 388-295-5050

Water Safety

Children love water, and there is no better way to cool off on a hot summer day than playing in a sprinkler or a wading pool.

However, children die tragically each year from water accidents. It is necessary for centers to take proper precautions when the children are in or around water.

Safety Barriers

You must completely surround on site outdoor pools with a fence or other barrier at least six feet high. Take extra precaustions to ensure children cannot climb the fence or barrier. It must prevent child access and have safeguards such as a closely spaced railings or mesh. You must equip the gate with a self-closing, self-latching latch that is:

(1) At least 4-1/2 feet from the ground; or
(2) Locked with a key you store in a place inaccessible to children.

If your center has a swimming pool, you should contact the Department of Health to obtain a copy of chapter 246-260 WAC. It contains the safety and health requirements you need to know.

Spas, hot tubs, whirlpools, etc., require similar barriers, or else you must supply a solid cover that you keep locked at all times children are in care. Providers must never allow children in care to use these types of equipment.

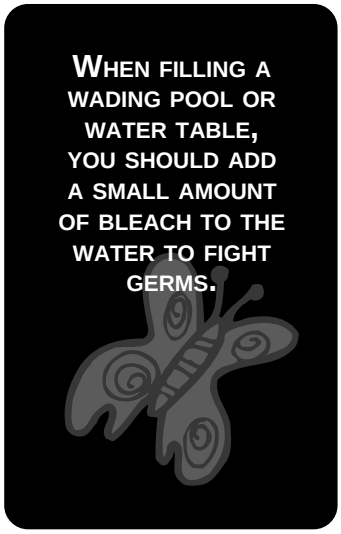
Proper Supervision

Any time children are in or near water, one of the providers supervising them must have current first aid and CPR certification. In addition, if children are in a swimming pool, lake, stream, etc., you must have present either a certified lifeguard or staff with current water lifesaving certification. The person with water life-saving certification must be in addition to staff meeting staff:child ratios.

You must supervise children using wading pools and empty wading pools when not in use.

Keeping Equipment Sanitary

When filling a wading pool or water table, you should use add a small amount of bleach to the water to fight germs. For a water table, you can use the same weak bleach solution used for dipping (one tablespoon per gallon). For a six-foot wide pool filled with 12 inches of water, you should use about 2-1/2 ounces of bleach (about a third



of a cup). An eight-foot pool requires 4-1/2 ounces (about half a cup). As a rule of thumb, if you can smell the bleach, you've added too much.

Make sure you add the bleach and mix it in thoroughly before the children use the equipment. Each day, you must empty the pool or water table into a well-drained area and wash it thoroughly. It is also a good idea to use a strong bleach solution to disinfect water equipment once a week during periods of use.

Water tables and sprinklers may be healthier and safer ways to let children play with water and cool off. Older children may enjoy a securely anchored and carefully monitored water slide.

Chapter 23. WAC 388-295-5010

First Aid Supplies

Ensure that each staff person knows where you keep the first aid kit. Your first aid supplies won't do much good if you don't have them with you when a child is injured. If you are going away from the center on a walk or a field trip, be sure to bring along a first aid kit.

When an injury occurs, at least one of the staff on hand will have first aid training in emergency response. It may not be easy to remember what to do in the heat of the moment. However, don't panic. A fellow staff member can skim the relevant section of your first aid guide and reassure you that you are responding correctly. If you continue to feel uneasy, another staff member can take over.

Necessary First Aid Supplies

Your first aid kit should contain everything you will need for minor injuries at the center. You may also need to give emergency aid until professional medical help can arrive. In large centers, you will probably want to have more than one first aid kit. For example, each care group might want to have their own kit handy. You may need one kit to accompany children going on a field trip while another stays at the center.

A licensor would expect to find in your first aid kit such items as:

- A first aid guide (for example, the one staff used for first aid training).
- Bandaids (different sizes).
- Cotton balls (for cleaning wounds).
- Sterile gauze pads (2– 4 inch sizes).
- Roller bandages (1– 2 inch widths).
- A large triangular bandage (for making a sling).
- Adhesive tape.
- Small scissors or other cutting device.
- Tweezers (to remove surface splinters). You should disinfect tweezers after each use.

* Syrup of ipecac. You must not use syrup of ipecac without first calling Poison Control and describing to them the substance swallowed. They will let you know whether to administer syrup of ipecac. Syrup of ipecac induces vomiting, and there are some poisons for which vomiting will only increase the damage.

Syrup of ipecac comes in single dose bottles. It's a good idea to have more than one bottle on hand, since a poisoning incident often involves more than one child. Syrup of ipecac does lose its potency over time, so pay attention to the expiration dates on the bottles.

There may be other supplies that are appropriate for your area, as well. For example, in certain parts of eastern Washington, a snake bite kit may be appropriate. Your local health department can tell you of any special supplies important for your area. Remember to restock the first aid kit as you use up items.

Your health care plan may describe other supplies you keep in your first aid kit or elsewhere in the center for treating certain injuries or illness. For example, it may be your policy to use:

- Disposable gloves when treating cuts, open wounds, splinters, or cleaning up spilled blood. You can also use them for changing diapers or handling soiled laundry.
- Disposable fever strips to use on the child's forehead.
- Cold packs, ice cubes, or frozen sponges to reduce swelling and ease discomfort.
- Baking soda to ease the pain of bee stings, nettle pricks, etc.

Remember to have your center's health consultant review and approve all medical response policies and first aid supplies. Designate a particular person on staff whose job it is to make sure the first aid kit is fully stocked at all times.

After treating an injury, remember to enter the necessary information in the

center's illness and injury log (see Chapter 35). It's also a good idea for staff to write a brief note to the child's parents describing what happened and the treatment given. Keep a copy in the child's file at the center.

Chapter 24. WAC 388-295-2130

Outdoor Play Area

When your licensor inspects your center, they will look over your play area and give you advice on how to make it a safe area for children. Checklists for safety inspections are part of DCCEL's materials available during center orientation sessions and appear in the sample Health Care Plan. Among the things licenors look for are:

- Total area. Is there sufficient space for the number of children who will be using the area at any one time?
- Drainage. Will rain water or water from a water table, sprinkler, or wading pool form standing pools of water? Do tires and other equipment have drill holes so water cannot collect in them?
- Ground covering. Is soft material such as dirt, grass, bark, or wood chips under climbing equipment, swings, etc.?
- Spacing. Is there sufficient space around swings, slides, etc., for children to be able to move around safely on the playground?
- Stability. Are climbing, swinging, and sliding equipment secure to the ground?
- Exposed sharp objects. Are nails, bolts, slivers, or wires protruding where they might poke a child, including in the ceiling of crawl spaces?
- Tripping hazards. Are filler pipes, posts, cover plates, stumps, or rocks protruding from the ground so that children might trip over or fall on them?
- Fencing. Is fencing secure, stable, and tall enough to form an age appropriate enclosure? Do gates self-latch or have appropriate locks? Do fasteners expose sharp parts?
- Plants. Are there poisonous plants or berries on the playground or within arm's reach through a fence? Are there stickers, thistles, or protruding branches that children might fall against?
- Lighting. If children will be using the play area at dusk or later, is there sufficient outdoor lighting for them to use the play area safely?
- Shade. Are there places where the children can escape the sun's heat and ultraviolet rays? Although shaded areas are not essential, they certainly add to the children's comfort on hot summer days.

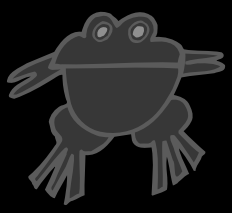
Here are some safety tips regarding some play equipment on playgrounds:

- ***Slides**. Make sure there are no breaks or exposed sharp edges on the sliding surface. For young children, a side rail for safety is necessary.*
- ***Swings**. Make sure all mounts are tight and that links or ropes are in good condition, especially those where the swing attaches to the frame. Remove broken swings from the frame immediately, rather than wrap them around the upper bar.*
- ***Tire swings**. Install a swivel and a three-point mount at the top.*
- ***Teeter totters**. Use boards or strips of tire underneath the rocking board near both ends to keep children from pinching feet and fingers.*
- ***Tricycles and other wheeled toys**. You must ensure pedals and handles have covers. Make sure the area where children will ride is smooth enough and free enough of pedestrian traffic to avoid accidents.*

- ***Merry-go-rounds**. Merry-go-rounds are dangerous and not age-appropriate for preschool age and younger children. The number of potential accidents and amount of supervision for safe use are not worth it.*

If you want to use a public playground for outdoor play space, your licensor must inspect routes for getting to and from the park to make sure there are no safety hazards. The licensor will also inspect the park to see if there are any restrictions on its use. These might include using only the play area that is away from a high-traffic street, or keeping the children off play equipment that is developmentally inappropriate.

TIRES ARE THE UNIVERSAL OUTDOOR PLAYGROUND MATERIAL.



Making Your Own Outdoor Play Equipment

Your equipment does not need to be expensive or come from a store to be safe, fun, and age-appropriate. For example:

- TIRES are the universal outdoor playground material. You can use tires for swings. Hang them vertically, horizontally, or cut and turn them inside out to make a "bucket" swing. You can also mount tires on a pole for climbing, or half-bury them in the ground to form crawling tunnels. You could lay them out in a row to form an obstacle course or bolt them together to form a climbing wall or bridge. You might want to fill tires with dirt to form mini-garden areas. If you leave a few extra tires around for free play, children can roll them or stack them and climb inside. You can arrange large tractor or airplane tires to make a house, a sandbox, or a climbing wall and two-person "hideaway."
- You can build your own walking rails, jumping boards, swings, teeter-totters, and slides that are as safe as commercial equipment. Books showing you how to do it are available at your local library or bookstore.
- Sandboxes and water tables are easy to make and get a lot of use.
- Artistic providers or parents can help the center create play houses, forts, pretend cars, boats, or planes.
- You can use different sized spools from the power company in a variety of ways as tables, standing platforms, seats, and stores, or for rolling activities.
- You can add to the children's choices by bringing out jump ropes, traffic cones, balls, hoops, short sections of lumber or rope, paint brushes, chalk, beanbags, and targets.
- You can set aside special activity areas like a garden area or a place where children can safely do carpentry projects.
- Children will make use of natural spaces in your play area such as the space behind a row of bushes to create a "special place."
- School-age children appreciate spaces and equipment to play ball games, four square, hopscotch, etc., where they don't have to worry about younger children. There are also books describing group games that require less space and little equipment, and games that encourage cooperation rather than competition (see Resource section).

The best source of ideas is other providers. Visit other centers for creative (and INEXPENSIVE!) ways you might equip your outdoor area.

Enclosing the Play Area

You must entirely enclose your outdoor play space with fencing or some acceptable alternative. Fencing material must be sufficiently tall and closely spaced that children cannot climb over, under, or through it. The fence should also be stable enough that children cannot move it or knock it over. Gates should have self-closing latches that infants and toddlers cannot operate.

In some cases, you might be able to enclose the play area with something other than

YOU MUST ENTIRELY ENCLOSE YOUR OUTDOOR PLAY SPACE WITH FENCING OR SOME ACCEPTABLE ALTERNATIVE.

a fence on one or more sides. For example, densely-spaced juniper bushes, laurel hedges, or a building face may safely define some limits of the play area. High, steep embankments or terraces may also work. Unsafe or incomplete barriers such as brambles, loosely-spaced bushes, or ravines are not acceptable.

Your licensor must approve your alternative means of enclosure as adequate. This agreement must be:

(1) In writing, with the licensor's and the center director's signature.
(2) Describe in detail the alternative method of enclosure.
(3) On file at the center.

Be aware that your enclosure must also meet local building and zoning codes. DSHS cannot waive local ordinances.

Scheduling Outdoor Play Times

For centers with multiple groups and different ages in care, outdoor play time scheduling must occur so that:

- Different age groups play in different parts of the play area, especially toddlers.
- In each group, maximum group size and staff:child ratio requirements are in place (see Chapter 12).
- There is at least 75 square feet per child for the maximum number of children using the outdoor play space at any one time.

Centers must schedule "sufficient" daily outside time for children to get fresh air and engage in active large motor activities. The older the child, the more outdoor time they require. Infants may need only a few brief forays out into the sunshine. Toddlers and young preschoolers should spend at least 15 minutes playing outside in the morning and afternoon. School-age children want longer periods of outdoor play time, especially after a full day of school.

Cold, mud, and puddles are not excuses to keep children indoors. Tell parents it's important to send their children to the center with suitable outdoor gear. Talk to parents who request that you keep their child inside too often.

It may be raining heavily at your normal outside play time. Keep your schedule flexible. You may be able to get the children outside briefly later, when there's a break in the weather.

If bad weather prevents you from letting children outside for active large muscle activities, you may need temporarily to convert some indoor space to accommodate large motor play. For example, you can:

- Make room for portable equipment like slides, climbers, balance beams, and tumbling mats.
- Organize indoor group circle games, music, or dance activities that let children actively move around.
- Allow use of some outdoor equipment like wheeled toys in a wide hallway or open room temporarily. Make sure you have proper "traffic control."

If Outdoor Space for Large Motor Activities is Not Available

In rare cases, a center may not have a safe and accessible area for outside play anywhere near its site. The department MAY approve an indoor play area as an alternative, IF the area is large enough and equipped to give children the large motor opportunities they require.

An approved indoor large motor area is NOT a substitute for getting the children outside, however. The center still must get children outside every day. These centers must schedule regular trips to parks or playgrounds where the children can run around outdoors.

Chapter 25. WAC 388-295-0080

Indoor Play Area

"Usable" Floor Space

Centers must have 35 square feet of usable floor space for each child in care. A 20 x 25 foot room, for example, could be used for a maximum of 14 children (20 x 25 ÷ 35 = 14.3). Infants have a higher square footage requirement, 50 square feet per child, because cribs are permanent furniture that take up floor space.

Shelving where children can remove and replace play items counts as part of the usable floor space, so does children's cubbie units which sit on the floor. Reading lofts for children's quiet activities can add to the available square footage in a room.

Areas the health specialist deducts from the calculation of usable square footage include:

- Desks, counters, cabinets, and storage shelves that children do not use.
- Spaces that are not "activity" areas, such as bathrooms, hallways, and closets.
- Areas for non-child care purposes, such as an office, staff lounge, or storage rooms. Generally the kitchen also falls in this category.

Using Your Kitchen for Children's Activities

If you are planning to let children use your kitchen area for activities, discuss your plans with your licensor and health specialist. The kitchen area must be large enough for tables, chairs, and safe walking areas. The center must either disconnect or remove appliances, or ensure they are outside the children's traffic patterns. It must also shield appliances while children are present. You must store dangerous utensils, chemicals, and appliances out of the reach of children. All outlets must have child-proof covers. Finally, staff must provide constant supervision while children are present in the kitchen. The staff person on duty must focus on the children, not on food preparation.

Your health specialist or licensor may allow you to use your kitchen for occasional activities but not include the kitchen in the calculation of usable floor space. The kitchen may count in the calculation of your center's capacity if it is:

(1) Adjacent to the care area.
(2) Available for more than an occasional activity.
(3) Large enough for group activities.

Ways to integrate the kitchen area into your center's regular schedule of activities include using the kitchen area for:

- Meals and snacks.
- Children's food preparation activities, messy art projects, and science experiences.
- After school children who want to do their homework.

Chapter 26. WAC 388-295-5100

Toilets, Handwashing Sinks, and Bathing Facilities

Bathrooms

You need at least one toilet or urinal for every 15 people normally on site who use a toilet. This includes adults as well as children. If you have any questions about the number of toilets you must have, ask your licensor or health surveyor.

If you have the option, toilets ten inches high are a good size for toddlers. Twelve inches is a good height for preschoolers (standard toilets are 14 inches). If toilets or urinals are too high for some children to use, you may have to supply a small, sturdy platform for them to use as a stepping stool. The platform must be moisture-proof.

For toilet-training in toddler care areas, you might want to use toilet seat inserts with built-in steps. These are preferable to portable potty chairs, for sanitation reasons. You must clean and sanitize toilet training equipment after each child's use.

Young children do not normally care about privacy while using the toilet. Older preschoolers and school age children do, however. You must provide school-age children of the opposite sex and other children in care desiring privacy some means available, such as:

- Separate bathrooms.
- A visual barrier between the doorway and the toilets, so people outside cannot see in.
- Dividers between toilets, even if the walls are only three or four feet high.
- Cloth or plastic curtains that children can close. You must regularly clean and properly maintain curtains.

Centers may decide to let children who want privacy use the staff bathroom. To count toward the 1:15 ratio and meet the privacy requirement, the staff bathroom must be readily available for children.

Privacy does not mean having doors with locks.

If you don't have a staff bathroom or a bathroom door with a lock on the inside handle, you can still give staff the luxury of using the facilities undisturbed. Install a hook-and-eye latch on the inside of the door, up high where the children cannot reach it.

You should air out bathrooms as much as possible. "Ventilation" for a bathroom may be a mechanical vent, but it can also be a partially opened window. You should ventilate to the exterior of the building, not to the kitchen or a room children use.

You must be able to clean bathroom floors and fixtures easily and you should sanitize them at least daily. Don't forget objects children commonly touch in the bathroom, like sink handles, doorknobs, and light fixtures. You cannot carpet bathroom floors and areas where children use potty chairs.

Handwashing Sinks

You must have at least one handwashing sink in each bathroom or immediately adjacent to it. You must connect handwashing sinks to a water heater so children can wash with warm water (*at least 85 F.*). The water must not be hot enough to scald children (no more than *120 F.*). Children are more likely to wash regularly and may wash more thoroughly if the water is comfortably warm.

You should put wastebaskets next to all handwashing sinks. Wastebaskets should be moisture proof and easily washable or have a plastic liner.

You must post a chart next to handwashing sinks showing how to wash hands properly for the children and staff to see. One is available from your health surveyor, local health department, or licensor.

Make handwashing easy, so children can wash their hands properly. For example:

- Make sure children can reach the sink comfortably. Build a firm standing platform, if needed.
- Make sure children can reach the soap easily and that soap pumps are full.
- Position the children's towels or the towel dispenser so they can easily reach the towels or operate the mechanism. Blowers are acceptable, but require more time to dry hands than most children are willing to spend.
- Make sure faucets turn on and off easily.
- Schedule enough time for the children to wash their hands before meals or after using the bathroom.

Be a Germ-Buster...

WASH YOUR HANDS!

Washington State Department of Health
DOH Pub 130-012 6/99

For persons with disabilities, this document is available on request in other formats.
Please call 1-800-525-0127 (TDD relay 1-800-833-6388).

You may choose either bar soap or pump soap for the children's handwashing sinks. Some providers feel children can work a pump well and enjoy it more, and therefore use soap on their hands more regularly. Others feel liquid soaps are expensive and children tend to waste it.

Bar soaps are just as acceptable. The bar stays in place better and doesn't tend to melt on the bottom if you keep it in a soap dish. You should show children how to hold the bar under the faucet while they wash, so the bar stays as clean as possible for the next child's use.

Whether you choose liquid or bar soap, use an unperfumed variety. Some people are allergic to chemicals in perfumed soaps.

As an extra precaution against the spread of infection, you might equip staff sinks and the kitchen with an antibacterial soap. As antibacterial soaps have a tendency to dry the skin, you might want to also make hand lotion available.

Bathtubs

Bathing is not normally part of center care, except in the case of evening care. If children do take baths at your center, staff must supervise them unless they are school age. To prevent falls, bathtubs must have either grab bars or nonskid decals or pads. You should clean and sanitize bathtubs after each use.

If your center has a tub you do not use, you must make it inaccessible to children. Possible methods include:

- Locking the room where the bathtub is located.
- Locking the sliding doors to the bathtub stall.
- Covering the tub and attaching the cover to the walls, tub, or floor so children are not able to lift the cover.

Chapter 27. WAC 388-295-5110

Laundry

Effective Ways to Kill Germs in Laundry

The center must disinfect clothing and bedding, including articles a sick child uses or contaminates with:

- Urine.
- Feces.
- Blood.
- Vomit.
- Parasites.

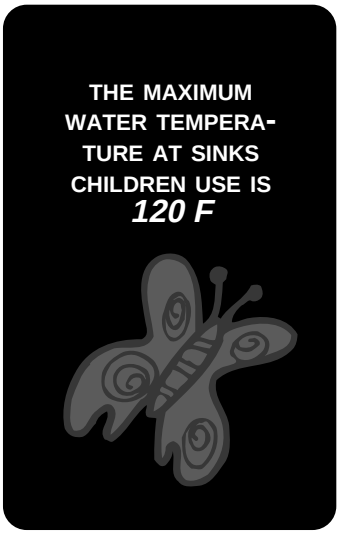
Rinsing or presoaking items before laundering may help.

With most other types of laundry, disinfecting procedures are not required. Normal laundering procedures are sufficient.

According to the Department of Labor and Industries, you must pay staff for all time they spend on job-related duties. If a staff person takes laundry home or to a laundromat as part of their job description, you must pay them for their time and expenses.

Using Chemicals to Kill Germs in Laundry

If your water temperature is not *140 F*., you can sanitize laundry using chemicals. One method is to use 1/2 - 1 cup of bleach in a normal-sized washer load. Check the bleach bottle's label for recommended amounts. For colored wash, you may wish to use a commercial, nonchlorinated bleach, such as Clorox II or Borateem, etc.



Using Heat to Kill Germs in Laundry

A water temperature of *140 F*. is sufficient to kill all types of germs and parasites. Clothes washers do not have their own water heating elements, so you must set the hot water heater at a temperature of *140 F*. or higher. You can use a candy or other thermometer to assure proper temperature.

Since the maximum water temperature at sinks children use is *120 F*., using heat to kill germs in laundry may require:

- A separate water heater or temperature booster for the laundry equipment; or
- A temperature limiting device on all lines leading to sinks children use.

Location of Laundry Equipment

You may not place laundry equipment in food preparation areas. There is danger of food preparation area contamination from airborne germs or hands that have been in contact with soiled articles.

If laundry equipment is in an area children use, you must not use it during times children are in care. You must also secure it so children cannot crawl into the washer or dryer. Methods of making the equipment inaccessible include:

- Locating the equipment in a locked closet.
- Using a folding wooden screen or other solid barrier in front of the machines.
- Using appliance slip covers over the machines.
- Installing hardware such as hasps and padlocks to secure the doors on the machines.

Chapter 28. WAC 388-295-5120

Nap and Sleep Equipment

Sleeping Surfaces

Floors are often cold and hard. Children need a soft, comfortable, warm surface on which to sleep. You must be able to clean sleeping surfaces easily, especially with children who still have occasional "accidents" while they sleep.

Young infants sleep in individual cribs, bassinets, or playpens. Couches, single-level beds, and mattresses on the floor are all acceptable sleeping surfaces for other children. For most children, however, you will probably use individual:

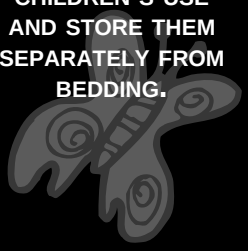
- Raised cots.
- Floor mats.
- Sleeping bags.

Whatever sleeping equipment you use, it should be at least six inches longer than the child and at least twice as wide as the child's shoulders. Mats and sleeping bags should be at least 1" - 2" thick on the sleeping surface. You should place sleeping bags on a carpeted surface. If a sleeping bag does not provide padding under the child or if a child uses it on an uncarpeted surface, you should put a mat underneath it.

When you lay out children's mats or cots, you should leave enough space between them to:

- Allow providers, parents, and children to walk between nappers without disturbing them.
- Keep children from rolling on top of each other or otherwise bothering their fellow nappers.
- Help limit the spread of germs.

YOU SHOULD CLEAN AND DISINFECT MATS AND COTS BETWEEN DIFFERENT CHILDREN'S USE AND STORE THEM SEPARATELY FROM BEDDING.



You should clean and disinfect mats and cots between different children's use and store them separately from bedding. If you leave bedding on the sleeping equipment you must store the equipment so the surfaces do not touch one another. You should treat sleeping bags as bedding (see next section).

You do not need to buy sleeping bags. You can make cozy sleeping bags out of cotton quilting material which you fold over and sew up the side. Parents can make their own, or you can have a person handy with a sewing machine make bags for the whole center. The wider variety of prints you buy, the more individualized the bags.

These bags have the advantage of being very compact, so you can store them in a small amount of space. They have the disadvantage of being thin and need an accompanying pad.

Make sure your mats or cots are in good repair. If mats have tears in the plastic cover along the edges, you should tape them. If the mats develop tears on the sleeping surface, however, you should throw them away. You cannot adequately sanitize taped areas on the sleeping surface. Raised cots with bent frames or fabric tears are dangerous. You should discard them.

Bedding

Children should have their own individual bedding. For the child's comfort and to promote sanitation, use separate bedding to:

* Cover the sleeping surface. Commonly, centers use a fitted sheet.
* Cover the child. Usually this will be a light blanket.

Sleeping bags serve as both sheet and blanket. Children can also have individual pillows or favorite stuffed animals as sleeping "companions," if they wish.

Centers should label individual children's bedding and must store each set of bedding separately. Separate storage could be in labeled:

- Individual cubbies.
- Cardboard boxes.
- Ice cream containers.
- Large plastic bags (don't use this method if children get out their own bedding).

You must wash bedding at least weekly and each time a child has an "accident" while napping. Centers can launder bedding themselves or send it home with parents.

Chapter 29. WAC 388-295-5140

Storage

Children's Personal Storage

All children need space for their belongings. Individual children need a place for their:

- Individual items brought from home.
- Lunchbox, if they bring their lunch.
- Coat, boots, hat, mittens, etc.
- Extra clothes.
- Things they make to take home.
- Notes, newsletters, etc., the center is sending home to the parents.

Make sure storage is in a convenient spot for staff, parents, and children. For example, you don't want children walking across a care room before they take off their boots. Parents don't want to go one place to find dirty clothes, another to get their child's coat, another to check their child's cubbie, and another to sign out their child!

Strongly encourage parents to check their child's cubbie each day and clean out prize possessions their children have put there to take home. It's amazing how fast stuff accumulates!

You must shield coat hooks at children's eye level so they cannot accidentally run into them. For example, you might mount a shelf above the coat hooks. The shelf could be a place for children to put their lunch boxes, or you might divide the shelf into individual cubbies.

Don't forget your before-and-after school children. They also need a space to hang their coats and put their things. You may be able to double-label some coat hooks if you have younger children who only come during the morning.

You might encourage the parents of school-age children to get their child a backpack. That way their children can better keep their belongings together as they move from home to center to school to center and back home again!

Finally, staff also like to have a secure place where they can put their OWN personal belongings while at the center. It's not too much to ask.

Center's Program Storage

Centers need adequate storage space for getting all equipment and supplies not currently in use out of the way. This includes napping equipment.

Again, arrangement is important. You should store materials close to where children are going to use them. This makes your staff's job a lot easier. Examples of convenient storage areas:

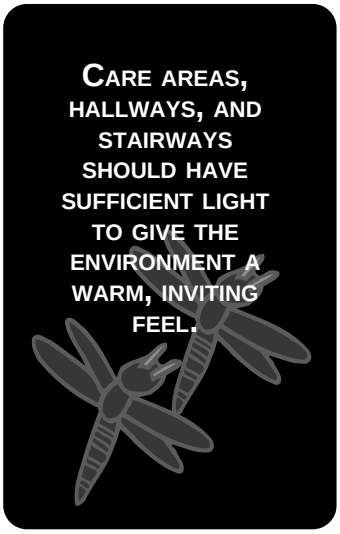
- On shelving or in cabinets above children's reach in the areas where children use the materials. Make clear to children which shelves are "theirs" and which are for staff use only. You may want to put shades or doors on these storage areas. Not only will the room look neater, children have less of a tendency to try to reach things they cannot see.
- In closet space next to activity areas.
- In low cabinets with childproof latches, IF the children are young enough that the latches are in fact childproof.
- On shelving turned to the wall.

There is a tendency for storage areas to quickly become "disorganized" (to use a polite term!). This is especially the case if the center uses a separate storeroom or storage closet. This makes it hard for staff to find what they need when they need it, and it sets a poor model for children. It may even create a fire hazard!

Efficient storage is an art. As with children, it helps staff put things back where they belong if containers and shelf areas have labels. Stress to staff the importance of cleaning up after activities. If necessary, include in one staff person's job description the duty of regularly re-ordering storage areas.

Your means of storing supplies and equipment should not endanger children. Examples of safe storage include:

- Storing cleaning supplies and other toxic substances:
  (1) In clearly labeled containers.
  (2) Where children cannot reach them.
  (3) Separate from food items.
- Storing heavy materials on shelves broad enough, strong enough, and firmly secured to the wall to hold them safely. You should not store heavy objects up high in areas where they might topple on a child.



- Ensuring free standing shelves are stable enough that children cannot easily topple them. Or, you can secure shelving units to the wall or floor.
- Securing to a wall or laying down folding tables, heavy platforms, or heavy boards. You should not lean unstable objects such as exercise equipment against a wall where children might knock them over.

Chapter 30. WAC 388-295-5020 to 388-295-5150

Program Atmosphere

Lighting

Care areas, hallways, and stairways should have sufficient light to give the environment a warm, inviting feel. A single overhead light in a large care room is probably not enough to light the corners of the room. A good rule of thumb is: If the light is too dim in some area to read comfortably, you probably need to find ways to increase the amount of light. Possible solutions:

- Use higher wattage bulbs in your fixtures.
- Switch from regular light bulbs to florescent, screw-in tubes or rewire the outlet for florescent fixtures.
- Supplement existing lighting with lamps or track lights.

You should turn on lights in any room children occupy. This is not necessary when the day is sunny and there is enough window area in the room that turning off the lights makes no visible difference.

Warning: Some children are sensitive to the flickering effect of florescent lights. In extreme cases, florescent lighting can cause seizures.

The best source of light is sunlight. Granted, you often have no control over the amount of window space in your center. If you are designing your own center, however, consider lots of double-pane skylights, windows with low sills, and doors with glass panels.

Not only do windows let in light, but children love to be able to see out. If your window sills are high, consider having at least one place in the room where children can step on a platform to see out. Make sure all windows at child height have a decal, picture, or other decoration so children know it is glass and not open space.

If you are using a space with little natural light, you might replace regular light bulbs and florescent tubes with sunlight-filtered bulbs. They are more expensive, but they give off a warm, soothing light. Your local plant nursery or hardware store probably carries them.

Noise Level

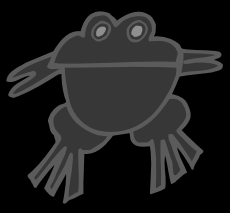
Active children will make a certain amount of noise. To decide whether the environment is too noisy, ask yourself if staff and children are able to carry on normal conversations without raising their voices.

The best way to get the children to use quieter voices is to use a quieter voice yourself. Yelling at a child across the room only serves to:

- *Draw the other children's attention to the problem.*
- *Increase the noise level in the room even more.*
- *Serve as a poor model for the children of how to get someone's attention.*

Using a soft voice sets a respectful and calm tone for the room which children will pick up. If they are making too much noise to hear you, they will naturally tend to quiet down to find out what's going on.

BACKGROUND MUSIC CAN BE SOOTHING FOR CHILDREN DURING ACTIVITY PERIODS, LUNCH, OR REST TIME.



Background music can be soothing for children during activity periods, lunch, or rest time. However, keep the volume down so that it does not interfere with normal conversation. You might want to designate a specific listening corner. You could set up a place where children can listen to music or story tapes with headphones. Don't have music playing constantly. There is beauty in silence, too.

Think about whether the music you are playing is appropriate for the age group in care. Ask the children what they like to listen to. Top 40 tunes may be appropriate for older school-aged children, but not for toddlers.

Temperature and Air Quality

When the weather is cool outside, the center's heating system must be able to raise the room temperature to at least *68 F*. You may provide slightly cooler room temperatures (*60 F*.) during sleeping hours if all the children in a room are napping. You may not use space heaters. Think about the energy efficiency of your center. Weather stripping around doors and windows and extra insulation can cut down on drafts and cut heating bills.

During hot weather, you should either turn on the center's air-conditioning or open windows to maximize air flow through the building. You can also open doors IF you are certain no one can leave or enter the center without permission. You may use fans, but position them so children cannot touch them.

Ceiling fans may be a good investment. They keep the air circulating. They draw cool air upward from the floor in the summer. They push warm air down from the ceiling in the winter.

If possible, air out classrooms, nap rooms, and other common areas daily. Open bathroom windows, weather permitting. Make sure mechanical ventilation equipment is working, and change furnace filters several times a year.

Decorations

Details such as interesting posters, drawings, and photographs at a **child's eye level** help create a child-oriented environment. But how you design and decorate your center is not just a matter of knowing about developmentally appropriate materials. It is a matter of personal taste. Soft curtains around windows, a big easy chair, a reading loft, a colorful display of seashells, or fresh flowers on a table may help create the overall tone you want to set. In a room with high ceilings, a soft band of color running along the wall four or five feet above the floor can scale down the focus to a child's level. Track lights can make certain areas of the room more appealing.

In choosing wall decorations, pay attention to pictures that show people from a variety of cultures in a variety of settings. These promote cultural diversity. Images do not need to be cute or cartoonish to be child-appropriate. Remember to leave plenty of room for display of children's works of art and other creations.

You can cover pictures and posters with contact paper to help protect them from dirt and rips. DON'T use push pins or thumbtacks to attach things to walls. This is especially important in infant and toddler care rooms, where children are likely to put anything they find on the floor in their mouths. Use staples, tape, rubber cement, or a nontoxic adhesive putty to attach pictures to the wall. Staff might use sticky notes to post messages.

Try crawling around your environment on your knees to get a sense of what it looks like to the children. Is it colorful? Are things displayed at an appropriate level? Is furniture the right size?

Simon Says

Regulations, best practices, and helpful hints about:
Agency Practices

Chapters

Chapter 31. WAC 388-295-6010 to WAC 388-295-6030

Respecting Individual Rights and Personal Beliefs

Nondiscrimination

Chapter 49.60 of the Revised Code of Washington (RCW) describes the rules and procedures for the state Human Rights Commission. In part, it states:

"The right to be free from discrimination because of race, creed, color, national origin, sex, or the presence of any sensory, mental or physical handicap is recognized as and declared to be a civil right. This right shall include, but not be limited to: (a) The right to obtain and hold employment without discrimination; (b) The right to the full enjoyment of any of the accommodations, advantages, facilities, or privileges of any place of public resort, accommodation, assemblage, or amusement." This applies to child day care centers.

The law means that you cannot turn down people for staff positions for one of the above reasons if they can do the job.

You must take steps to adjust job duties or provide physical support so that people with mental or physical disabilities can do the job.

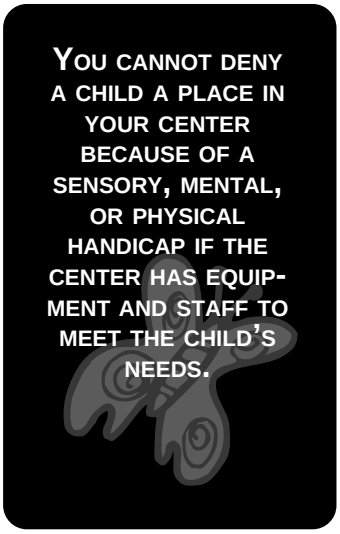
The RCW goes on to spell out the steps people can take if they feel someone has violated their rights. These include contacting the Human Rights Commission at: 402 Evergreen Plaza Bldg., 7th and Capitol Way, Olympia, WA 98504, (206) 753-6770.

People seeking information or filing a complaint about a DSHS licensee may contact the Office of Equal Opportunity. The address is: Professional Arts Building, MS: ED-01, Olympia, WA 98504, (206) 753-4070.

Your licensor can provide nondiscrimination posters, guidelines for developing a grievance procedure, and information on interpreter services.

Centers built before 1977 and having fewer than 15 employees may not need to make facility changes for people with special needs. All centers, however, must make reasonable efforts to:

- Serve disabled children
- Care for children with special needs in the main group
- Provide training resources for staff



You cannot deny a child a place in your center because of a sensory, mental, or physical handicap if the center has equipment and staff to meet the child's needs. In practice, staff skills may need to be higher, staff:child ratios lower, and program supervision greater if you enroll children with special needs. All the children in your program, however, will benefit from learning firsthand about special needs.

In addition, the importance you place on treating all people fairly sets an example for the children in your care. What you say, the way you say it, the way you act, and even your choice of books and other materials can help children think well of themselves and all other people.

You must include center policies on discrimination in the written material you give parents when they enroll their child. See the resource section for the rights guaranteed by federal legislation:

- Title IV, Civil Rights Act of 1964
- Section 504, Rehabilitation Act of 1973

Recognizing People's Religious Convictions

Whatever position your center takes about its instruction and practices, it is important the parents know your plans ahead of time. Your program's religious content can be a very important point for parents who are deciding whether they want to enroll their child in your program. The written material you give parents who decide on your center must contain your center's policy and procedures about religious activities.

If your center shares space with a church, parents may wonder if your program also includes religious instruction. They may have concerns if there are religious pictures on the walls in areas the children receive care. If yours is not a religious program, make the separation clear from the start. Let parents know what you tell children who ask about religious objects that they see in the center.

If your center is not linked to a church, the children who attend still have a right to their own religions. You can neither force a child to say grace, or prevent a child from saying grace. Tell parents you want to know about activities they expect their child to do or not to do at your center. Let them know you will do your part to see that staff honor their wishes. In some religions, for example, birthday parties are improper. Parents may wish their child to receive care temporarily in another part of the building when such events are taking place.

Non-Discrimination Policy

It is the Policy of this child care center that no person shall be subjected to discrimination because of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, disabled or Vietnam Era Veteran status, or the presence of any physical, mental, or sensory handicap.

This policy is consistent with Titles VI and VII of the 1964 Civil Rights Act; Sections 503 and 504 of the Rehabilitation Act of 1973; the Age Discrimination Act of 1975 and the Age Discrimination in Employment Act of 1967; the 1974 Vietnam Era Veteran Readjustment Assistance Act; the Governor's Executive Order 85-09; and the Washington State Laws Against Discrimination, RCW 49.60.

This Policy applies to every aspect of the agency’s programs, practices, policies, and activities, including client services and employment practices.

Introduce children to the rich variety of human history. Cover a range of philosophies, moral systems, and religions rather than cut out all religious elements.

Be careful to avoid a "tourist" mentality centering on the parts of people's beliefs that seem odd or different. Holidays from around the world can be part of your activity program, but show people practicing their religious beliefs in everyday settings. Make it clear that people in your own community, perhaps even within your own center, practice that religion. Invite parents to share their special days with the children.

Children tell each other bits and pieces they pick up from many sources. They argue about the existence of god, demons, ghosts, witches, and the tooth fairy. They have ideas about where people go when they die. Since these are all important issues, children are likely to ask you to settle the matter once and for all: Who is right, and who is wrong?

Unless parents consent to a certain religion as part of your program, your answer should be very general. Such questions give you an opening to talk about the wide variety of beliefs present in the world. Let them know that nobody's belief is "dumb" or "weird."

Meeting the Needs of Native American Children and Other Cultural Minorities (WAC 388-295-6030)

Because of their unique position as descendants of the first people to live in North America, Native Americans have special legal rights protecting their cultural identity. One important law is the Indian Child Welfare Act, passed by the federal government in 1978. In 1987, the Washington State governor signed the Tribal-State Indian Child Welfare Agreement. This tells how DSHS is to coordinate services with tribal governments.

Indian tribes and some urban areas have Local Indian Child Welfare Advisory Committees (LICWACs) which advise DSHS about Indian services. Most of the laws and the activities of the LICWACs deal with Child Protective Services, adoption, foster care, and family counseling.

Centers must be sensitive in their policies, routines, and activities to all cultures. In the summary below, Native Americans are used as a means for repeating some of the warnings about cultural bias we mention elsewhere in the guidebook:

- Talk about the past as well as the present. Indian families and cultures are alive and well today. Children need positive images of Native Americans living and working today, not just hundreds of years ago.
- Don't group all Native Americans into a single category. There are many tribes in the State of Washington, each with its own unique history and customs. Very few will fit the white culture's understanding of Indians because by and large that understanding comes from the tribes of the Great Plains.
- Don't assume that all families belonging to a certain tribe have the same customs. Each Native American family has its own personal history. Some of them practice tribal customs and values; others have assimilated more into the majority culture. Try not to base your opinion of people on the way they look or on some label out of a book.
- Be aware of your own cultural biases. All of us have values which others do not share. Most people learn to adjust to systems that are different from the ones they know. What is important is that we:
    (1) Honestly communicate our expectations and intentions.
    (2) Respect that others may do things differently.

Traditional Native American Values

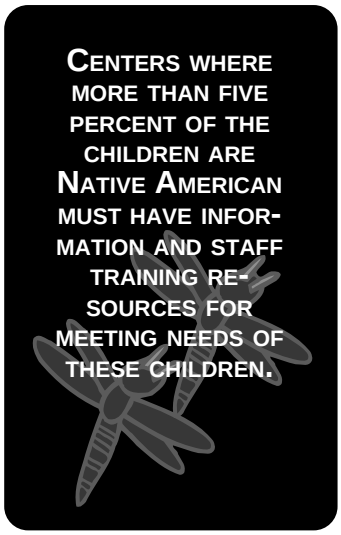
A child may have learned certain values and behaviors at home that are different from those you want at the center. Unless your staff is aware of this possibility, they may not understand the children or their families.

For example, don't assume that all Native American families have the same values. Some Native American parents may:

- Allow children to develop freely and to make their own decisions and mistakes. Providers would be wrong to see these children as not obedient or spoiled.
- Share responsibility for child-rearing with many members of the extended family and the tribe. (Grandparents play a particularly important role.) Providers would be wrong to see these parents as neglecting their child.
- Stress being modest, keeping silent, and working for the betterment of the group. Indian children are taught that they learn by listening, not by talking. Providers would be wrong to see children from these homes as too shy, lazy, or dumb.
- Avoid prolonged eye contact and avoid people with whom they disagree rather than confront them. Providers would be wrong to see these parents or their children as sneaky or too quiet.
- Stress self-reliance. Children learn from watching, copying, and doing. They may want to practice in private rather than in front of others. Getting help from outsiders could bring shame. Providers would be wrong to see these children as stubborn or lazy.

Sources of Information

Centers where more than five percent of the children are Native American must have information and staff training resources for meeting needs of these children. If you are not familiar with local tribes and Indian groups, your primary source of information may be the DSHS Indian Policy and Support Service in Olympia. (See Resource list.) In 1991, DSHS hired one regional Indian Service Coordinator for each of the six regions in the state. These people may have information you can borrow or copy. Some groups have developed Native American curriculum materials; for example, Gonzaga University in the Spokane area and the United Indians of All Tribes Foundation in the Seattle area. Your licensor or other providers in your area may also be able to give you good local contacts.



Information you will want to have available for parents or staff training:

- The names, locations, and phone numbers of Indian tribes in your region. You should also have the number of your nearest LICWAC, in case a family needs advice on other social services.
- Reading material, stories, legends, and videos to share with the children.
- Places to visit in your area, such as exhibits in museums and cultural centers.
- Health and nutrition information. Tribal health programs can be sources of information. Indian Health Service clinics or Urban Indian Health Centers provide both information and health services.

Chapter 32. WAC 388-295-7060 to WAC 388-295-3030

Child Abuse, Neglect, and Exploitation

The Regulations

WAC 388-150-480 states that you must report suspected child abuse, neglect, or exploitation to Child Protective Services (CPS) or your local law enforcement agency immediately. You should also inform your licensor.

Chapter 26.44 of the Revised Code of Washington (RCW) describes the rules and procedures for dealing with the abuse of children, adult dependents, or persons with developmental disabilities. In part, it states:

"When any licensed or certified child care provider or their employees has reasonable cause to believe that a child . . . has suffered abuse or neglect, he or she shall report such incident, or cause a report to be made, to the proper law enforcement agency or to the department as provided in RCW 26.44.040."

The RCW further specifies:

- What possible actions CPS may take following a report.
- That you are immune from any civil or criminal liabilities if you report a case of suspected child abuse in good faith.
- That, as part of a suspected abuse investigation, CPS has the right to interview the child in your center and look at any of your files.
- That you can be charged with a gross misdemeanor if you do NOT report a suspected case of child abuse.

What Constitutes Child Abuse and Neglect?

Definitions of Abuse and Neglect:

- Infliction of physical injury on a child by other than accidental means, causing death, disfigurement, skin bruising, impairment of physical or emotional health or loss or impairment of any bodily function.
- Creating a substantial risk of physical harm to a child's bodily functioning.
- Committing or allowing to be committed any sexual offense against a child as defined in the criminal code, or intentionally touching, either directly or through clothing, the genitals, anus or breasts of a child for other than hygiene or child care purposes.
- Committing acts which are cruel or inhumane regardless of observable injury. Such acts may include, but are not limited to, instances of extreme discipline demonstrating a disregard of a child's pain and/or mental suffering.
- Assualting or criminally mistreating a child as defined by the criminal code.

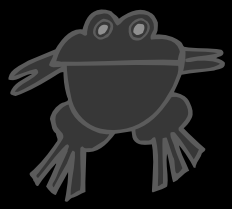
- Failing to provide food, shelter, clothing, supervision or health care necessary to a child's health or safety.
- Engaging in actions or omissions resulting in injury to, or creating a substantial risk to the physical or mental health or development of a child.
- Failing to take reasonable steps to prevent the occurrence of the above.

Not all acts of abuse involve physical harm to a child. For example, persistent mental cruelty or threats or failure to adequately supervise are also types of child abuse.

If You Suspect a Child is a Victim of Abuse or Neglect

You are in a unique position to recognize abusive situations in the early stages and to take actions that will end the cycle of abuse. You **must** contact CPS if you even suspect that certain injuries or bruises may not be accidental. You **must** contact CPS if you see signs of emotional or sexual abuse or physical neglect. Even if you have made a report to CPS about a particular child earlier, you must report each new injury or incident. The phone number for CPS should be among the emergency numbers posted by your telephone.

ABUSE OFTEN RESULTS FROM A CRISIS THAT PUTS STRESS ON THE FAMILY AND TAXES THE PARENTS' ABILITY TO COPE.



You are not required to tell the parents you are making a report. As you develop the opinion that this child may be the victim of abuse and neglect, you may have had a series of discussions with the parents asking for information and expressing your concerns. Do not, however, attempt to interview the child or attempt to handle the situation yourself. Both interviewing and investigating are the responsibility of CPS. The pamphlet "Child Day Care and CPS, DSHS 22-176(X)" outlines indicators of physical abuse and neglect, emotional abuse and neglect, and sexual abuse. Your licensor can supply you with a copy of the pamphlet, which offers more detailed information.

A family will probably be angry with you for reporting them to CPS. You may need to remind them that you are required by law to report suspected instances of abuse and neglect. One of the reasons for informing parents in your parent policies of your CPS reporting responsibilities is to try to reduce the potential shock, outrage, or embarrassment if the situation arises.

Tell parents that you are REQUIRED to report suspected child abuse and/or neglect.

Calling CPS does not mean CPS will actually investigate the family. A social worker screens incoming calls to determine if the case requires further investigation. This social worker can also answer any questions you have about how to respond to a certain situation. CPS' response is both child-focused and family-oriented. Their purpose is to safeguard the child while helping ease the circumstances and behavior patterns causing the abusive situation.

Abuse often results from a crisis that puts stress on the family and taxes the parents' ability to cope. If the parents continue using your child care center, you can help ease

the crises by providing a calm, stable, and nurturing environment for their child. You can offer them comfort and support as they deal with their situation.

Be sensitive to the needs of the child in question. Reassure the child that it's okay to talk about the incident. Reassure the child that it's not their fault. Handle behavior problems in an understanding but firm fashion. Remain a supportive presence for the child as the investigation unfolds.

If You or Someone Working for You is Reported to CPS for Suspected Child Abuse

Sometimes parents report providers to CPS. Parents may be responding unrealistically to something they have seen or something their children have told them. CPS will investigate the facts and seriousness of the incidents in question. This not only safeguards the children but the good name of your center as well.

If CPS conducts an investigation, be cooperative and allow it to proceed. CPS personnel have the right to interview children in your center, with or without you or the parents present.

CPS may tell you to ensure that an employee or a volunteer under investigation is not left alone with children. If you are the one under investigation, CPS may require you to take a leave of absence or suspend care until the investigation is complete. If you have direct evidence that your employee did something which endangers the children or violates the conditions of your license (see WAC 388-150-090), you can dismiss the employee. For your own legal protection, do not fire or suspend an employee simply because CPS is investigating them. Your licensor will be working closely with CPS and local law enforcement officers. Your licensor will let you know when you should suspend or fire an employee.

You do not need to inform the parents that your facility is being investigated, but be aware that rumors do spread. When the investigation is complete, you may want to tell the parents about the investigation. Inform them what steps, if any, you have taken as a result of the incident. You must not mention the specific names of the children in question.

The "best defense" is a "good offense." You need to have policies and practices which prevent charges of child abuse or neglect:

- *Make sure the center and outside play area are safe and free of hazards.*
- *Make sure you and your staff properly supervise the children.*
- *Advise your staff to be aware of appearances in how they touch children or play with them.*

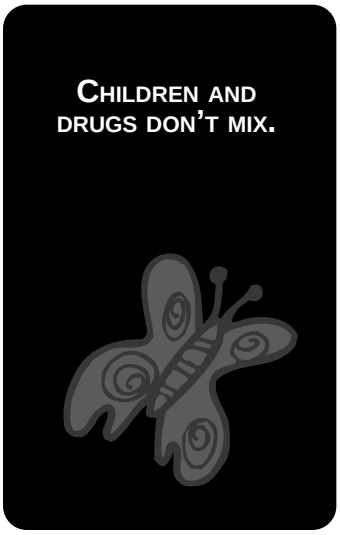
- *Be sure that your staff understand your behavior management and discipline policies, and use them.*
- *Arrange schedules and staff supervision so no staff member is routinely alone with the children for long periods of time.*

Chapter 33. WAC 388-295-6050

Prohibited Substances

Alcohol and Illegal Drugs

Children and drugs don't mix. Center personnel cannot be under the influence of alcohol or illegal drugs while on the job. That means they cannot consume these substances at work or before coming to work. Use of illegal drugs and excessive use of alcohol can lead to termination of employment and possible loss of license.



There may be occasions where a parent or other appointed person who picks up a child appears to have been drinking or using drugs. You should not release a child to an adult who is obviously impaired, ESPECIALLY if that person is driving. Here are some steps you might want to take for the child's sake and your own:

- *Ask for permission to call a backup person on the authorized pick-up list.*
- *Volunteer to call a cab or give directions to a bus stop.*
- *Volunteer yourself or one of your staff as a driver.*

If the person insists on leaving with the child and you fear for the child's safety, tell the person you will call CPS or law enforcement. You may lose a customer, but you may also prevent a tragedy.

Cigarettes

Smoking is also inappropriate in a child care setting. It not only can injure the children through second hand smoke, it serves as a poor model for their own future behavior.

PARENTS HAVE A RIGHT TO BE IN THE CENTER ANY TIME THEY CHOOSE AND TO VISIT ANY PART OF THE CENTER THEIR CHILD USES.

Neither center personnel nor parents may smoke inside the center or in a vehicle transporting children at any time. If staff members wish to smoke, they must do so away from children and the building so that children cannot breathe second hand smoke. Best practice is for staff to smoke where the children cannot see them.

Chapter 34. WAC 388-295-6060

Limitations to Persons on Premises

In the current climate of high concern about child abuse, providers must be both watchful and sensitive.

They must carefully control who has access to children. No one should have regular or unsupervised access to children who does not have official business at the center. In orientation sessions, encourage staff to challenge any adult they see in the facility or on the playground who they suspect may not belong there.

Staff should be especially careful about who they let sign out a child. Parents can indicate persons they authorize to pick up their child on:

- The enrollment form.
- The sign-in/sign-out sheet.

If you have no proof a person is authorized to pick up a child, you must not release the child. Try to contact the parents by phone, or call one of the backup people on the authorized list. It is better for staff to double check than to let a tragedy happen.

Encourage parents to tell you and their child when someone other than the regular person will pick up the child. Advance notice helps even if the person who shows up is already on the authorized pickup list. Staff and children will then know who to expect. This extra effort will reduce confusion and disappointment.

Parents have a right to be in the center any time they choose and to visit any part of the center their child uses. Staff must not, however, leave them alone unsupervised with children other than their own.

A parent or guardian may want to prevent one of the child's parents from visiting or picking up the child. In this case, the person making the request must supply the center with a copy of a court-issued restraining order. Keep the restraining order on file at the center, and advise all personnel of the order. If concern develops, be cautious, telephone law enforcement or CPS.

Section 8 RECORDS, REPORTING, & POSTING

Show & Tell

Regulations, best practices, and helpful hints about:
Records, Reporting, and Posting

Chapters

Chapter 35. WAC 388-295-7010

Center Records

Child Records and Information

You must keep organized records on the children enrolled in your center on the premises. Each child's records must be readily available to the director or staff person in charge in the director's absense. They must be easily accessable in case of an emergency,but must also be kept in an area of the center where they are not accessable to other staff or parents or visitors to the center. All child records should be treated as confidential.

It is easiest to keep a separate file for each enrolled child and keep all of that child's records and forms in the file. These must include:

* a registration form.
* an enrollment application.
* a health history.
* authorization forms for transportation and field trips.
* authorization for emergency medical care.
* identifying information on those persons who are authorized to take the child from the center.

It is important that you get all forms and paperwork you require completed before the child enters your program.

You are also required to keep a written note each time you give a child medication. It is good practice to keep these records in individual children's folders. That way, it is possible to see at a glance whether a particular child has a pattern of frequent accidents or illness. In cases of injury, be sure staff write down what caused the injury and how they treated it. Parents would appreciate getting a written note describing what happened.

Some centers choose to use a single form to keep a running record of both accidents and medications for a group or for the entire center (see accident and illness form). Other centers use one group form for medications and another one for accidents and injuries. It is useful to keep a clipboard with a stack of these forms next to the first aid kit or the medicine storage area. As forms get filled up, you can file them with your program records or in the child's individual files.

Even if the group form method is used, staff should write a detailed description of more serious incidents, put one copy in the child's file, and give one copy to the child's parents.

Accident, Illness, and Medication Recording Form

Date/Time	Child's First & Last Name	Injury/Illness	Action Taken	Medication Name /Amount	Treatment Person Signature

Some records must travel with children when they leave the premises, for example, emergency medical authorizations. You might want to have parents sign two emergency authorization forms when they enroll their child, one on a full-sized sheet of paper to be kept on file at the center, and one on an index card to be carried along with the child when he or she is away from the center. The index card can also contain other information you want to have available if there is an emergency, such as:

- *Parents' work numbers.*
- *Other emergency contacts.*
- *The child's family doctor.*
- *Important facts from the child's medical history, such as allergies, medicines to which the child is allergic, and serious illnesses.*

Program Records

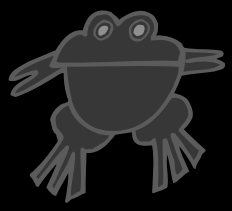
There are many instances where you need to keep written records of particular information or events that are part of your program. These records must be on file on the premises. All written records should be dated and initialed by the person submitting the information. This will help clarify matters if questions arise later.

Even if it is not required, it is wise to keep notes on any significant events, important phone conversations, or parent discussions you may have.

In addition to the program records WAC 388-150-460 requires, make sure you have on file:

* Records documenting department-approved variations to a WAC requirement.
* Copies of waivers the department approves.
* Shot records for center pets.

DOCUMENTATION IS FOR YOUR PROTECTION AND TO HELP YOU PLAN AND RUN YOUR PROGRAM



Nursing Consultation Records

Item (7) of WAC 388-150-460 mentions that centers must keep nursing consultation records, "if applicable." Nursing consultant records are necessary only for centers licensed to serve four or more infants. Centers licensed for fewer than four infants do not need to have a nurse consultant.

How Long Should You Keep Records?

WAC tells you how long to hold onto some records. For example, snack menus should be kept on file for at least six months. How long should you keep records other than those with a specified time limit? There are several considerations:

(1) Often you or your staff are the ones who need the information in your files. Obviously, your need for the children's and personnel files is ongoing. You might also want to be able to review what activities were being planned this time last year, or you may want to review a child's attendance pattern over the past six months in preparation for a parent conference.

(2) Your licensor will want to be able to review your program's required documentation for at least the past several months and perhaps for the past year, particularly at the time of relicensing. Records from past years can be temporarily stored off premises if necessary.

(3) If you have a tuition reimbursement contract with DSHS or some other agency, you may be asked to produce documents such as attendance records and invoice vouchers for the last five years.

(4) Your accountant or tax advisor may want you to keep attendance and meal records and other business documents for several years.

In the long run, documentation is for your protection and to help you plan and run your program, not to satisfy licensing requirements. Consult your licensor and preferably your lawyer for advice concerning particular records.

Personnel Policies and Records

Following are restatements of requirements discussed in other parts of the guidebook. These will help you decide whether a particular record keeping requirement applies to your center:

* DSHS discusses the results of criminal history and background checks when there is reason to restrict or not hire an applicant.
* Employees need to have a food handler's permit on file at the center if they prepare full meals at the center.
* Employees need certificates of age-appropriate first aid and CPR training on file at the center if, at any time, they have sole or primary responsibility for a group of children.

Convictions Disqualifying a Person from Child Care

Chapter 4 of the guidebook refers to criminal offenses that are grounds for denying, suspending, or revoking a license or disqualifying a person from working in a child care center. Here we give more specifics about what those offenses are and one of the ways DSHS checks on the suitability of people to work in a child care environment.

The 60 categories of criminal convictions or pending charges disqualifying a person from having access to children in child care are in WAC 388-330-040, "Application of Inquiry Findings." Conviction on any one of the following charges will result in denial of an applicant. Following is a condensation of that list (I, II, or III indicate first, second, or third degree convictions):

* Murder, manslaughter, kidnapping, arson, or extortion (I or II); aggravated murder; assault I, II, III, or simple assault involving physical harm; coercion; malicious harassment; unlawful imprisonment.
* Robbery I or II, burglary I.
* Criminal mistreatment I or II.
* Rape, child rape, or child molesting (I, II, or III); incest (I or I).
* Indecent liberties, public indecency toward a person under 14 years old.
* Sexual misconduct with a minor or promoting prostitution (I or II) sexual exploitation of a minor, communication with a minor for immoral purposes, or patronizing a juvenile prostitute.
* Promoting pornography, or dealing in, sending, or possessing pornographic materials involving a minor.
* Child selling or child buying.
* Family abandonment.
* Manufacturing, delivering, or possessing a controlled substance with intent to sell.
* Reckless endangerment.
* Vehicular homicide.
* Promoting a suicide attempt.

The licensor also considers other types of convictions in making a judgment about the character or competence of an applicant.

Criminal History and Background Inquiry

The criminal history and background inquiry checking process involves the following stages:

(1) The prospective licensee initiates the process by submitting a criminal history and background inquiry form to the licensor. The licensee must submit these forms within seven days of the time any new employee or volunteer begins working at the center.

(2) The licensor gives the forms to the Washington State Patrol and local DSHS offices, who provide the licensor with information from its files.

(3) The licensor checks the inquiry information for convictions, pending charges, or CPS involvement that disqualify the person from working in a child care center (see list above).

(4) The licensor contacts you only if there is a problem. Your licensor discusses with you the findings, and the conviction category resulting in disqualification or approval delay due to pending charges.

Washington State Department of Social & Health Services

CHILDREN'S ADMINISTRATION PLACEMENT AND LICENSED CARE

(See detailed fingerprint card instructions)

BACKGROUND AUTHORIZATION

Instructions for completing this form on reverse side.

Please print clearly and use BLACK INK.

DSHS Background Check
Central Unit
PO Box 45025
Olympia, WA 98504-5025
(360) 902-0299
FAX (360) 902-0292

☐ Foster Care ☐ Facility or Child Placing Agency Employee ☐ Adoption ☐ DCFS Relative Placement

SECTION 1. AGENCY INFORMATION (COMPLETED BY AGENCY STAFF ONLY)

1. NAME, LOCATION, AND SECURE DSHS FAX TO WHICH THIS FORM SHOULD BE RETURNED	2. NAME AND ADDRESS OF FACILITY OR CHILD PLACING AGENCY
	2.A. NAME AND ADDRESS OF HOME WHERE CARE IS PROVIDED
	2.B. DSHS WORKER ID OR FACILITY BUSINESS ID
3. TELEPHONE NUMBER FOR BOX 2 (INCLUDE AREA CODE) ( )	4. FAX NUMBER FOR BOX 2 (INCLUDE AREA CODE) ( )

SECTION 2. ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY THE APPLICANT (PERSON TO BE CHECKED)

5. SOCIAL SECURITY NUMBER (OPTIONAL)	6. DATE OF BIRTH	7. GENDER ☐ Male ☐ Female	8. RACE (OPTIONAL)

CURRENT NAME	OTHER NAMES YOU HAVE BEEN KNOWN BY
9. LAST NAME	12. BIRTH NAME LAST FIRST MIDDLE
10. FIRST NAME	13. OTHER MARRIED NAME(S) **(WRITE NONE IF NONE)**
11. MIDDLE NAME **(WRITE NONE IF NONE)**	14. NICKNAME(S)/OTHER NAME(S) **(WRITE NONE IF NONE)**

	YES	NO
15. Have you been convicted of, or do you have charges pending for any crime? If yes, give the crime, the conviction date or charge status and the state where it occurred.	☐	☐
16. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? If yes, give name of court, state licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.	☐	☐
17. Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked, or suspended? If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.	☐	☐
18. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, domestic violence, or abandonment? If yes, give date, court, and the state where it occurred.	☐	☐

19. DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER	20. PRESENT NUMBER OF CONSECUTIVE YEARS LIVED IN WASHINGTON STATE YEARS: MONTHS: ☐ CHECK IF DSHS FINGERPRINT CHECK COMPLETED WITHIN LAST THREE YEARS

21. I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as a provider, caretaker, licensee, contractor, and/or as an individual authorized to care for vulnerable adults or children. I hereby authorize DSHS to obtain background information including but not limited to, convictions, licensing, child and adult protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states and the FBI. DSHS is hereby authorized to release the result of this and any DSHS prior background check information to the agency, facility, entity, or individual named above.

22. SIGNATURE OF PERSON TO HAVE BACKGROUND CHECK OR PARENT/GUARDIAN	23. DATE (DATE SIGNED MUST NOT BE OLDER THAN THREE MONTHS)

24. PREVIOUS STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY

CAMIS files checked by _____ on date _____ with the following results:

(3/96)

INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FORM

This form will be returned if any portion of the required information necessary to conduct a background check is not entered or is not legible.

A fingerprint card is required for those applicants who have not lived in Washington State for the past three (3) consecutive years. Contact DSHS office identified in Section 1, Number 1 for fingerprint card.

A fingerprint card is not required if the applicant has completed a DSHS fingerprint-based check within the past three (3 years) and has not lived outside the state since the last fingerprint check. Please indicate that in Section 2, Number 20. DSHS will use the previous result when completing this background check.

If submitting a request for a fingerprint-based background check, the background authorization form and fingerprint card must be mailed. Do not fax the background authorization form separately.

SECTION 1: To be completed by DSHS staff, facility, or child placing agency.

1. Required. Location name must match location name provided by Children's Administration to BCCU.
2. To be completed by facility or child placing agency. Required
   A. To be completed by DSHS staff. Required.
   B. To be completed by DSHS staff, facility, or child placing agency.
      ID Number is mandatory.
      DSHS worker must use CAMIS logon ID. Same as Outlook email address. Example: RMAJ300. Facility or child placing agency, use Business ID Number.
3. Required.
4. Required.

SECTION 2: To be completed by the applicant (person to be checked).

5. Optional.
6. Required.
7. Required.
8. Optional.
9. Required. Must write NONE if none.
10. Required. Must write NONE if none.
11. Required. Must write NONE if none.
12. Required. Must include complete name at birth. If same as #9 through #11, must write SAME.
13. Required. Must list all married names used (male or female); must write NONE if none.
14. Required. Must list all nicknames used (male or female); must write NONE if none.
15. Required.
16. Required.
17. Required.
18. Required.
19. Required. Must list drivers license number or state identification number; must write NONE if none.
20. Required. Indicate number of consecutive years and/or months lived in Washington State. Check the box provided if a DSHS fingerprint check was completed within the last three years.
21. Read prior to moving to block 22.
22. Required signature of applicant or parent/guardian if applicant is under 18.
23. Required. The Background Check Central Unit must receive the background authorization form within three (3) months from the date of the signature.
24. Optional.

For complete information on DSHS Background Check Policy, please see Title 388 at:
http://slc.leg.wa.gov/wacbytitle.htm

Upon completion, DSHS staff, facility, or child placing agency will submit form via mail or fax as soon as possible to:

DSHS Background Check Central Unit
PO Box 45025
Olympia, WA 98504-5025
Phone 360-902-0299
Fax 360-902-0292

The criminal background and history check is NOT perfect. It will not screen out all individuals who do not belong in a child care center. For example, the background check could come back "negative" (meaning you receive no warnings) if:

- *The local authorities did not inform the State Patrol of the conviction.*
- *The person was charged but not convicted.*
- *The conviction occurred in another state or country.*

FOR A MORE COMPLETE LIST OF COMMUNICABLE DISEASES YOU ARE REQUIRED TO REPORT IN YOUR AREA, TALK TO YOUR HEALTH CONSULTANT OR YOUR LOCAL HEALTH DEPARTMENT.

Even if your licensor does find out that the person should not be allowed to work with children, the person may have been doing just that in your center for several weeks by the time the background check is complete. You should supplement the licensor's screening effort by making very careful hiring decisions. Use of the department-issued Application for Employment form can assist you in this important task. Feel free to contact your licensor if you have concerns about an employee or applicant.

Chapter 36. WAC 388-295-7060, 388-295-7070, 388-295-7080

Reporting and Posting Requirements

Reporting of Death, Injury, Illness, Epidemic, or Child Abuse

Reportable Illnesses

Certain illnesses and parasites are contagious enough or serious enough that your local health department takes steps if there is a serious outbreak or epidemic. One of the sources of information they depend on for this information is child care providers. The health department can also provide you with valuable information to limit the spread of the illness and to protect the care giver, other children, and community from serious illness.

Examples of Illnesses Where a Single Instance Must be Reported:

If you have had an outbreak of a particular illness at your center (meaning three or more cases within a short period of time), your local health department should be notified so they can determine how extensive the outbreak is in your community.

Examples of illnesses that fall in this category are flu, mononucleosis, conjunctivitis, and pneumonia.

For a more complete list of communicable diseases you are required to report in your area, talk to your health consultant or your local health department.

A child's parents will be understandably concerned if their child comes home with bite marks, scratches, or bruises that appear to have been inflicted by another child. They will be more concerned if no staff member talked to them about the incident or no one seems to know where the marks came from.

Make sure the parents know:

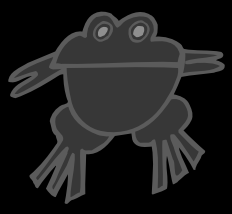
(1) How the injury occurred.
(2) How the staff responded to the incident.
(3) What treatment was given, if any.

A written report covering the above information should be put in the child's file or written onto a group record keeping form. You might want to give the parents a written copy of this report as well.

Reassure the parents that:

- Such behavior is not tolerated at the center.
- Wounds from biting and scratching rarely cause viral infections such as hepatitis or AIDS. However, both provider and parent should monitor for signs of bacterial infection, such as redness, swelling, or fever.

YOU MUST KEEP DSHS INFORMED ABOUT MAJOR CHANGES IN YOUR PROGRAM OR FACILITY.



Reporting of Circumstantial Changes (WAC 388-295-7070)

You must keep DCCEL informed about major changes in your program or facility. Some changes you know about and plan in advance, such as a change of ownership or a remodeling project. Part of planning ahead is consulting with your licensor, the fire marshal, etc., so they can advise you about requirements.

You have no control over changes such as a fire or death. You must immediately advise your licensor of such events, so they can advise you whether care can continue or an adjustment of your license is necessary. In both types of circumstances, you must notify DCCEL "promptly;" in other words, with maximum advance warning.

Some changes do not affect the ongoing quality of care. You need to report these so the information on your license remains current. Some changes do not require any further action beyond reporting. These include:

* Changes in a center's phone number, legal name, or mailing address.
* Replacement of persons on staff with persons of similar qualifications. Changing the director or program supervisor would be the staff changes most likely to affect program quality. Approval of such changes requires a review of the new applicant's credentials by your licensor.

* If your center is incorporated, changes in the board of directors or by-laws of the center.
* Change of center ownership, IF the owner is not the licensee.
* Decrease in the number or age ranges of children for whom care is going to be provided; for example, dropping infant care.
* Increase in the child capacity, up to the maximum number DCCEL authorizes. In this case, an additional licensing fee payment will be necessary.

Other changes affect the ability of the center to provide care or alter the conditions in effect when the department issued the license. These include:

* Providing care in a new space within the present facility.
* Structural damage to some portion of the center, including "temporary" damage such as a leaking roof or remodeling project.
* Adding a new category of care, such as infant care.

Contact your licensor in advance. New health and fire inspections usually occur in these circumstances. DCCEL will issue an amended license after obtaining the necessary approvals.

The center will need to submit a new licensing application if the center is:

* Moving to a new location.
* Replacing the person or organization officially recognized as the licensee by DCCEL. This includes change of ownership, if the owner is the licensee.

When there's a change in the services you offer, make sure to include Resource and Referral in the list of agencies you notify. The referrals they make to your business are only as good as the information you provide to them.

Posting Requirements

Things you MUST post:

* Center's child care license.
* Center's building occupancy or conditional use permit, if required.
* Typical activity schedule, including operating hours and mealtimes.
* Names and hours of caregiving staff.
* Snack and lunch menus for the coming week (see Chapter 17).
* Evacuation plan for building (see Chapter 21). A diagram showing the escape route should be posted by each exit for staff and parents to see.
* Emergency phone numbers, next to the phone.
* Contagious diseases or parasites which children have been exposed to at the center.

Emergency phone numbers should be clearly visible by the phone or you can program them for automatic dialing and clearly label them. Numbers you either must or might want to list:

* 911. If your area is not covered by 911, you should post numbers for your local police, fire department, and emergency medical response service.
* Poison Control.
* Your nurse consultant, if you have one.
* Your health consultant.
* The CENTER's telephone number and address! You might not be the one making the call.
* Child Protective Services.
- Designated emergency hospital.
- The local health department.
- Animal control.
- Resource and Referral.
- Your licensor.

NOTE: One item you must post where parents can see it is not listed in WAC 388-295-7080:

* Fire safety poster (see Chapter 21).

Resources

STATE LICENSING OFFICES

Division of Child Care and Early Learning (DCCEL)

Child Care Center licensors are located in DCCEL Offices in Aberdeen, Bellevue, Bremerton, Everett, Kelso, Kennewick, Kent, Moses Lake, Mount Vernon, Olympia, Omak, Port Angeles, Seattle, Spokane, Sunnyside, Tacoma, Vancouver, Wenatchee, Yakima.

Check your telephone directory under "State government...Department of Social and Health Services..Division of Child Care and Early Learning..." for the local telephone number.

Rachel Langen, Director
Department of Social and Health Services
Division of Child Care and Early Learning
P.O. Box 45480
Olympia, WA 98504-5480
(360) 413-3209

THIS RESOURCE SECTION WILL PROVIDE YOU WITH A LIST OF AVAILABLE INFORMATION THAT IS CURRENT UP TO THE DATE ON THE BACK OF THIS PUBLICATION. IF THE INFORMATION YOU ARE SEEKING HAS CHANGED PLEASE UPDATE YOUR RESOURCE SECTION.

Others:

Chief Deputy State Fire Marshal
Fire Protection Services, Life Safety Unit
(206) 493-2663,
1-800-562-6138

State Building Code Council
Department of Trade, Community and Economic Development
Ninth and Columbia Bldg., GH-51
Olympia, WA 98504
(206) 586-0486,
SCAN 321-0486

Business Information:

Washington Business Assistance Center
Department of Trade, Community and Economic Development
Ninth and Columbia Bldg., GH-51
Olympia, WA 98504
(206) 586-4851,
1-800-237-1233
(brochure: "Guide to Starting a Business in Washington,"

Corporations Division, Secretary of State
505 E. Union
Republic Bldg., 2nd Floor
Olympia, WA 98504
(206) 753-7115

U.S. Small Business Administration
Seattle District Office: (206) 442-5534
Spokane District Office: (509) 456-5348
Portland District Office: (503) 221-3441

Internal Revenue Service
Information: 1-800-424-1040
Forms (including Business Tax Kit): 1-800-424-3676

Department of Licensing
Business License Center
405 Black Lake Blvd., Bldg. 2
Olympia, WA 98504
(206) 586-2784,
1-800-562-8203
(Master Business License Application Kit; also brochure: "Operating a Business in Washington State: Licensing and Regulation Requirements")

Employment Security Department
Unemployment Insurance Division
212 Maple Park, KG-11
Olympia, WA 98504
(206) 753-5120
(brochure: "Unemployment Insurance Tax Information")

Department of Labor and Industries
Industrial Insurance Division
Employer Services
General Administration Bldg., HC-101
Olympia, WA 98504
(206) 753-5327
(brochure: "The Employer's Guide to Industrial Insurance")

Office of Equal Opportunity Department of Social and Health Services
P.O. Box 45839
Olympia, WA 98504
(206) 586-5197

General Resources

Social Security Administration
1-800-234-5772

Consult your local telephone directory for numbers of:

- Public Health Department (city or county)
- Land use, zoning, and building departments (city or county)

CHILD DAY CARE CENTERS

Developmentally Appropriate Practices

Bos, B.,(1986), Before the Basics,Toys 'n Things Press, St. Paul, Minn.

Bredekamp, S., Editor (1986), Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8. NAEYC Publication #224.

Child Care Information Exchange [bimonthly magazine; available from CCIE, P.O. Box 2890, Redmond, WA 98073, (206) 883-9394].

Child Development Series: Newborn Baby - Five Years. DSHS Publications 22-237 - 22-250.

Child's Play: A Guide to Play and Toys from Children's Hospital and Medical Center [4800 Sand Point Way NE, P.O. Box C5371, Seattle, WA 98105].

Greenman, J. (1988). Caring Spaces, Learning Places: Children's Environments that Work. Redmond, WA: Child Care Information Exchange.

How to Plan and Start a Good Early Childhood Program. NAEYC Brochure #515.

Rainy Day Activities for Preschoolers. Mercer Island Preschool Association, P.O. Box 464, Mercer Island, Wa. 98040.

Toys: Tools for Learning. NAEYC Brochure #571.

Vergeront, J. Places and Spaces for Preschool and Primary (Indoors) and (Outdoors). NAEYC Publications #310 & 311.

Young Children: The Journal of the National Association for the Education of Young Children [a subscription is one of the benefits of NAEYC membership]. NAEYC, 1834 Connecticut Avenue N.W.,Washington D.C. 20009-5786.

Comprehensive Curriculum Guides

Dodge, D. T. The Creative Curriculum for Early Childhood and A Guide for Supervisors and Trainers on Implementing the Creative Curriculum. Washington, DC: Teaching Strategies, Inc.

Chenfeld, M. B. (1983). Creative Activities for Young Children. New York: Harcourt, Brace, Jovanovich.

Mayesky, M., & Nueman, D. Creative Activities for Young Children (4th Edition). Albany, NY: Delmar Publishing.

Young Children in Action: The High/Scope Cognitively Oriented Preschool Curriculum [High/Scope Press, Dept. 10, 600 N. River St., Ypsilanti, MI 48198, (313) 485-2000, ext. 74].

Herr, J. Working with Young Children. Goodheart-Wilcox Publishers. (708) 333-7200.

The Creative Curriculum. Washington, DC: Teaching Stretegies, Inc.

Infants/Toddlers

Totline: Activity Newsletter for Working with Young Children [bimonthly magazine; available from Warren Publishing House, P.O. Box 2250, Everett, WA 98203, (206) 353-3100].

Cryer, D., Harms, T., and Bourland, B. Active Learning Series: Infants, One's, Two's, and Three's [four separate sets, available from Toys 'n Things Press].

Castle, K. (1983). The Infant & Toddler Handbook. Charlotte, NC: LiteWorks Publishing.

Wilson, L. C. (1986). Infants & Toddlers: Curriculum and Teaching. Albany, NY: Delmar Publishing.

Honig, A. S., & Lally, R. (1981). Infant Caregiving: A Design for Training. Syracuse, NY: Syracuse University Press. Godwin, A., & Schrag, L. (Eds.) Setting Up for Infant Care: Guidelines for Centers and Family Day Care Homes. NAEYC Publication #228.

Developmentally Appropriate Practice in Early Childhood Programs Serving Infants. NAEYC Brochure #547.

Developmentally Appropriate Practice in Early Childhood Programs Serving Toddlers. NAEYC Brochure #508.

Cherry, C. et. al., (1989). Is the Left Brain Always Right? A Guide to Whole Child Development. New York, NY, Fearon Teacher Aids.

Haas, C.B.. (1987). Look at Me: Creative Learning Activities for Babies and Toddlers. Chicago Review Press Incorporated.

Preschoolers

Brown, J. F., Editor (1982). Curriculum Planning for Young Children. NAEYC Publication #113.

Dodge, D. T., Koralek, D. G., & Pizzolongo P. J. Caring for Preschool Children (Vols. I & II) [available from Toys 'n Things Press].

Good Teaching Practices for 4- and 5-Year-Olds. NAEYC Brochure #522.

Before-and-After School Care

School's Out Consortium
YWCA
1118 Fifth Ave.
Seattle, WA 98101
(206) 461-3602, -7833
Tri-Cities Child Care Consortium
P.O. Box 1389
Richland, WA 99352
(509) 946-3510

Waddell, L. School–Age Child Care in School Facilities. DSHS publication, DSHS, Department of Child and Family Serives (DCFS).

Friend, K., & Newman, J. School Age Child Care: A Small Business and a Community Service. Washington Center for Community Education and Economic Development.

Stassevitch, V., Stemmler, P., Shotwell, R., & Wirth, M. Ready-to-Use Activities for Before and After School Programs [available from Toys 'n Things Press].

Blakely, B., et. al. (1989). Activities for School-Age Child Care: Playing and Learning. NAEYC Publication #214.

Cultural Relevancy

Shannon-Thronberry, M. (1982). The Alternative Celebrations Catalogue. New York, NY: Pilgrim Press.

Wenning, J., and Wortis, S. (1986). Made by Human Hands: A Curriculum for Teaching Young Children About Work and Working People. Cambridge, MA: The Multicultural Project for Communication and Education, Inc.

Office of the Superintendent of Public Instruction (OSPI)
Office for Multicultural and Equity Education
Old Capitol Bldg., FG-11
Olympia, WA 98504
(206) 753-6747

The REACH Center for Multicultural and Global Education
239 N. McLeod St.
Arlington, WA 98223
(206) 435-8682

United Tribes of All Indians
Director of Early Childhood Education
Education & Service Programs
1945 Yale Place E.
Seattle, WA 98102
(206) 285-4425

American Indian Center
905 - 3rd Ave. E.
Spokane, WA 99202
(509) 535-0886

Northwest Indian Child Welfare Association, Inc.
c/o RRI
P.O. Box 751
Portland, OR 97207
(503) 725-3038

African - American Child Care Taskforce
618 2nd Ave.
Seattle, WA 98104
(206) 386-1001

Black Child Development Institute of Seattle
618 2nd Ave.
Seattle, WA 98104
(206) 386-1143

Washington State Migrant Council
301 North First, Suite 1
Sunnyside, WA 98944
(509) 837-8909

Washington Association for Bilingual Education
Yakima School District
104 N. 4th Ave.
Yakima, WA 98902
(509) 575-3230

The Educational Materials & Services Center
144 Railroad Ave., Suite 107
Edmonds, WA 98020
(206) 775-3582
Japanese-American Curriculum Project
414 Third St.
San Mateo, CA 94401
(415) 343-9408

Derman-Sparks, L. (1989). Anti-Bias Curriculum: Tools for Empowering Young Children. NAEYC Publication #242.

Saracho, O. N., & Spodek, B. (1983). Understanding the Multicultural Experience in Early Childhood Education. NAEYC Publication #125.

TEAMing for Indian Families Training Program
Gwen Gua, Lynn Hopkins
DSHS, Department of Child and Family Services (DCFS)
P.O. Box 45710 OB-41
Olympia, WA 98504-5710
(206) 753-4618

Schniedewind, N. and Davidson, E. (1983). Open Minds to Equality. Prentice Hall, Englewood Cliffs, NJ.

The Kunjufu, J. (1984). Developing Positive Self-Images and Discipline in Black Children. African-American Images, Chicago, Ill.

Beginning Equal Project (1983). Beginning Equal: A Manual About Non-Sexist Childrearing for Infants and Toddlers. New York: Women's Action Alliance and Pre-School Association.

Children with Special Needs

Birth-to-Six State Planning Council
Department of Social and Health Services
P.O. Box 45210 OB-44V
Olympia, WA 98504-5210
(206) 586-2810
[brochure: "Birth to three: Directory of services in Washington State for children with developmental needs"]

Early Childhood Developmental Association of Washington (ECDAW)(Boyer Children's Clinic & Pre-school)
1850 Boyer E.
Seattle, WA 98112
(206) 325-8477

Learning Disabilities Association of Washington
Laurel Jones, Director
17530 NE Union Hill Rd.
Suite 100
Redmond, WA 98052
(206) 882-0792

Paasche, C., Gorril, L. & Strom, B. Children with Special Needs in Early Childhood Settings: Identification, Intervention, Mainstreaming [available from Toys 'n Things Press].

Project Head Start. Mainstreaming Preschoolers: Eight Manuals. Washington, DC: Head Start Bureau, Administration for Children, Youth, and Families.

Birth to 6 Screening Wheel. DSHS #22-642(X).

Project Lexington. Integrating Children with Handicaps into Generic Child Care Settings. Human Development Institute, University of Kentucky, 114 Mineral Industries Building, Lexington, KY 40506-0051, (606) 257-3465.

Educational Home Model Project (EHM). Integrating Young Children with Handicaps in Child Care Programs in Rural Areas. 52 N. Corbin Hall, University of Montanta, Missoula, MT 59812, (406) 243-5467.

Behavior Management and Discipline

Cherry, C. (1985). Please Don't Sit On The Kids: Alternatives to Punitive Discipline. New York, NY; Fearon Teacher Aids.

Clarke, J. I.(1980). Self-Esteem: A Family Affair. San Francisco, CA: Harper & Row.

Crary, E.(1984). Kids can Cooperate: A Preschool Guide to Teaching and Problem Solving. Seattle, WA: Parenting Press.

Crary, E. (1979). Without Spanking or Spoiling: A Practical Approach to Toddler and Preschool Guidance. Seattle, WA: Parenting Press.

Dreikurs, R., Grunwald, B. B., & Pepper, F. C. (1982). Maintaining Sanity in the Classroom: Illustrated Teaching Techniques. New York, NY: Harper & Row.

Faber, A., & Mazlish, E. (1982). How to Talk so Kids will Listen and Listen so Kids will Talk. New York, NY: Avon Books.

Galinsky, E., & David, J. (1988). The Preschool Years: Family Strategies that Work from Experts and Parents. New York, NY: Random House.

Gordon, T. (1975). Teacher Effectiveness Training. New York, NY: McKay.

Nelson, G. D. (1990). A Teacher's Bag of Tricks (3rd. Ed.) [P.O. Box 17336, Seattle, WA 98107].

Nelson, J. (1981). Positive Discipline. Fair Oaks, CA: Sunrise Press.
Satir, V. (1972). Peoplemaking. Palo Alto, CA: Science and Behavior Books.

Stone, J. G. (1978). A Guide to Discipline. NAEYC Publication #302.

Winning Ways to Talk with Young Children. DSHS Publication #22-649(X).

Health and Safety

Your best local resources are your local:
- Public health department.
- Poison Control center.
- Child Protective Services (CPS) office.

American Red Cross, Seattle-King County Chapter (1989). HIV/AIDS Information for Those Caring for Young Children [1900 25th Ave. S., Seattle WA 98144, (206) 323-2345].

Be a Germ-Buster. Wash Your Hands! DOH Poster #130-012.

Benenson, A. (1990). Control of Communicable Diseases in Man. Washington, DC: American Public Health Association.

Committee for Children
172 20th Ave.
Seattle, WA 98122
(206) 322-5050

Day Care and Child Protective Services. DSHS Publication #22-176(X).

Green, M. L. (1977). A Sigh of Relief. Des Plaines, IL: Bantam Books, Inc.

Keeping Healthy: Parents, Teachers, and Children. NAEYC Brochure #577.

Parent's Anonymous
Linda McDaniels, State Coordinator
3300 NE 65th
Seattle, WA 98115
1-800-932-HOPE (24-hour Family Help Line)

Program for Early Parent Support
Mary Ellen O'Keefe
4649 Sunnyside Road
Seattle, WA 98103
(206) 547-8570

Kendrick, A. S., Kaufmann, R., & Messenger, K. P. (1991). Healthy Young Children: A Manual for Programs. NAEYC Publication #704.

Medications in Child Care: Advice for Parents & Child Care Providers. DSHS Publication #22-680(X).

Playgrounds: Safe and Sound. NAEYC Brochure #552.

Recommended Procedure for Changing Diapers. DOH Poster #345-014.

Seattle-King County Department of Public Health (1990). Child Care Health Handbook [ask your licensor or write to Child Care Health Program, Seattle-King County Department of Public Health, 110 Prefontaine Place S., Suite 500, Seattle WA 98104].

The ABC's Of Clean. Soap and Detergent Association [475 Park Ave. S., New York, NY 10016].

Advocacy Organizations

The National Child Abuse Hotline-Referral Services
1-800-422-4453

Washington Council for Prevention of Child Abuse & Neglect
318 1st Ave. S.
Seattle, WA 98104
(206) 464-6151

Child Abuse Prevention Association of Washington
Walter Phafl, Director
310 Cobb Medical Center
4th & University
Seattle, WA 98101
(206) 624-4307

Washington Association of Churches
Tony Lee: Legislative Contact for Children's Issues
4759 - 15th Ave
Seattle, WA 98105
(206) 525-1988

Washington Alliance Concerned with School–Age Parents
Mary Ann Liebert, Director
2366 Eastlake Ave. E. #408
Seattle, WA 98102

Washington NOW
Lonnie Johns-Brown
2732 NE 135th
Seattle, WA 98125
(206) 361-1862

Washington State Labor Council
Karen Keiser
201 Elliott Ave. Suite 410
Seattle, WA 98199
(206) 281-8901

Washington State PTA
Margaret Harto, President
2003 - 65th Ave. W.
Tacoma, WA 98466-6215
(206) 565-2153

Washington Women United Ann Simmons
817 E. Shelby
Seattle, WA 98122
(206) 459-3978

Also contact your local:

Chamber of Commerce
Child Abuse & Neglect Council
Jaycees, Junior Chamber of Commerce
Junior League
Kiwanis
Unions
Parents Anonymous Chapter
PEPS Program
Public Health Department
Rotary Club
Washington Education Association

Nutrition

Child and Adult Food Care Program
Office of the Superintendent of Public Instruction (OSPI)
Old Capitol Bldg., FG-11
Olympia, WA 98504
(206) 753-3580

Nutrition Consultant
Department of Health (DOH)
1112 SE Quince St., ET-12
Olympia, WA 98504
(206) 753-7254, SCAN 234-7254

Wanamaker, N., Hearn, K., & Richarz, S. (1979). More than Graham Crackers: Nutrition Education and Food Preparation with Young Children. NAEYC Publication #316.

Warner, P. (1985). Super Snacks for Kids. New York, NY: St. Martin Press.

Satterrd, E. (1986). Child of Mine: Feeding with Love and Good Sense. Palo Alto, CA: Bull Publishing Co.

Food and Nutrition in the Classroom: A Guide for Planning Preschool Nutrition Education Activities [available from Natalie Gonzalez, DOH Nutrition Consultant].

Nutritional Requirements and Menu Planning in a Child Care Setting [available from Natalie Gonzalez, DOH Nutrition Consultant].

Issues in Feeding Infants. Focus: Child Care Programs. DSHS Publication #24-588(X).

Super Smart Snacks: Recipes for Healthy Teeth. DOH Publication #130-006.

Food for the Preschooler. Volume I: Nutrition Basics. Volume II: Nutrition Attitudes. Volume III: Nutrition Concerns. DSHS Publication #22-183.

Pack-a-Snack (Lunch). DSHS Publication #22-53(X).

Pointers for Parents: Microwaves and Baby Bottles Don't Mix. DSHS Poster #24-63(X).

Foods Which May Cause Choking. DSHS Poster #24-64(X).

Infant Feeding Guidelines. DSHS Poster #24-65(X).

Not While Baby Sleeps. DSHS Poster #24-71(X).

Inappropriate Foods for Infants. DSHS Poster #24-72(X).

Child Care Resource and Referral Network

State Network Office:
945 Market St.
P.O. Box 1241
Tacoma, WA 98401
(206) 383-1735

Aberdeen:
Coastal Community Action
P.O. Box 1827
Aberdeen, WA 98520
(206) 533-5100, 1-800-828-4883

Bellingham:
The Opportunity Council
314 E. Holly, 2nd Floor
Bellingham, WA 98225
(206) 734-5121

Bremerton:
Olympic Educational Service District #114
105 National Ave. N.
Bremerton, WA 98312
(206) 479-0993

Everett:
Volunteers of America
2802 Broadway
P.O. Box 839
Everett, WA 98206
(206) 258-4213

King County (central):
Child & Family Resource & Referral
2915 E. Madison, Third Floor
Seattle, WA 98112
(206) 461-3207

King County (east):
15015 Main St.
Bellevue, WA 98007
(206) 865-9350

King County (south):
841 N. Central Ave., Suite 126
Kent, WA 98032
(206) 852-3080

Mount Vernon
Skagit County Community Action Agency
613 South 2nd
P.O. Box 1507
Mt. Vernon, WA 98270
(206) 336-6627

Olympia:
Child Care Action Council
P.O. Box 446
Olympia, WA 98507
(206) 754-0810

Pasco:
Benton-Franklin Community Action
720 West Court
Pasco, WA 99301
(509) 547-1718

Port Angeles:
The Parent Line
301 Lopez St.
Port Angeles, WA 98362
(206) 452-5437

Pullman:
Washington State University
Child Care Resource & Referral
Commons, Room 103
Pullman, WA 99164
(509) 335-7625

Spokane:
NW Regional Foundation, Family Care Resources
East 525 Mission
Spokane, WA 99202
(509) 483-6762

Tacoma:
Pierce County Child Care Resource & Referral
747 Market St., Room 836
Tacoma, WA 98402
(206) 591-2025

Vancouver:
Child Care Resource & Referral
1313 NE 134th
Vancouver, WA 98685
(206) 574-6826

Wenatchee:
Catholic Family & Child Services
23 S. Wenatchee Ave. #209
Wenatchee, WA 98801
(509) 662-6761

Yakima:
Catholic Family & Child Services
5201-C Tieton Dr.
Yakima, WA 98908
(509) 965-7109

Community Colleges and Vocational Technical Institutes

Offering Early Childhood, Family Life, or Parent Education Training

State Board of Community College Education
Patti Hindman, Vocational Education Coordinator
319 Seventh Ave., FF-11
Olympia, WA 98504
(206) 753-3680,
SCAN 234-3680

Washington Association for the Education of Personnel in Early Childhood Programs
Charma Berg, Division Chair
North Seattle Comm. College
9600 College Way N.
Seattle, WA 98103
(206) 527-3783

Northwest Washington State

Bates Vocational Technical Institute
5219 N. Shirley
Tacoma, WA 98407
(206) 596-2260,
SCAN 349-2260

Bellevue Community College
3000 Landerholm Circle SE
Bellevue, WA 98009
(206) 641-2366,
SCAN 334-5209

Bellingham Vocational Technical Institute
3028 Lindbergh Ave.
Bellingham, WA 98225
(206) 676-6468, -6490
SCAN 522-6468, -7761

Clover Park Vocational Technical Institute
4500 Steilacoom Blvd. SW
Tacoma, WA 98499
(206) 756-5520,
SCAN 221-5520

Edmonds Community College
20000 68th Ave. W.
Lynnwood, WA 98036
(206) 771-1604, -1606, -1610, -1665
SCAN 241-1606, -1610

Everett Community College
801 Wetmore
Everett, WA 98201
(206) 388-9302,
SCAN 474-9302

Green River Comm. College
12401 SE 320th St.
Auburn, WA 98002
(206) 833-9111 (ext. 334), SCAN 254-1334

Highline Community College
P.O. Box 98000, Mailstop 20-1
Des Moines, WA 98198
(206) 878-3710 (ext. 461), SCAN 374-1461

Lake Washington Vocational Technical Institute
11605 132nd NE
Kirkland, WA 98034
(206) 828-5607

North Seattle Comm. College
9600 College Way N.
Seattle, WA 98103
(206) 527-3783,
SCAN 446-3783

Olympic Community College
1600 Chester
Bremerton, WA 98310
(206) 478-4507, 4834
SCAN 356-4507, -4834

Peninsula Community College
1502 E. Lauridsen Blvd.
Port Angeles, WA 98362
(206) 452-9277,
SCAN 227-1277

Pierce College - Puyallup
1601 39th Ave SE
Puyallup, WA 98374
(206) 840-8443,
SCAN 346-8443

Pierce College - Ft. Steilacoom
9401 Farwest Drive SW
Tacoma, WA 98498
(206) 964-6696,
SCAN 346-1696

Renton Vocational Technical Institute
3000 NE 4th
Renton, WA 98056
(206) 235-2470,
SCAN 372-2470

Seattle Central Comm. College
1701 Broadway
Seattle, WA 98122
(206) 587-6902,
SCAN 432-6902

Shoreline Community College
1601 Greenwood Ave. N.
Seattle, WA 98133
(206) 546-4676,
SCAN 274-4676

Skagit Valley Comm. College
2405 College Way
Mt. Vernon, WA 98273
(206) 428-1118,
SCAN 542-1118

Skagit Valley Comm. College
1201 E. Pioneer Way
Oak Harbor, WA 98277
(206) 675-6656

South Seattle Community College
6000 16th Ave. SW
Seattle, WA 98106
(206) 764-5339,
SCAN 628-5239, -5339

Tacoma Community College
5900 S. 12th
Tacoma, WA 98465
(206) 756-5000,
SCAN 548-5018

Whatcom Community College
237 W. Kellogg Rd.
Bellingham, WA 98226
(206) 676-2170 (ext. 231), SCAN 738-2170

Southwest Washington State

Centralia Community College
600 W. Locust
Centralia, WA 98531
(206) 736-9391 (ext. 298), SCAN 234-3433

Clark Community College
1800 E. McLoughlin
Vancouver, WA 98663
(206) 699-0179,
SCAN 534-1197

Grays Harbor Comm. College
1620 Edward P. Smith Dr.
Aberdeen, WA 98520
(206) 532-9020 (ext. 261), SCAN 433-1261

Lower Columbia Community College
P. O. Box 3010
Longview, WA 98632
(206) 577-2387,
SCAN 239-2387

South Puget Sound Community College
2011 Mottman Road SW
Olympia, WA 98502
(206) 754-7711 (ext. 378), SCAN 329-1378

Northeast Washington State

Big Bend Community College
Chaunte & 24th
Moses Lake, WA 98837
(509) 762-6257,
SCAN 664-1257

Community College of Spokane
W. 3305 Fort Wright Dr.
Spokane, WA 99204
(509) 459-3738,
SCAN 784-3738

Southeast Washington State

Columbia Basin Community College
1011 Northgate
Richland, WA 99352
(509) 946-8796, -9669

Walla Walla Community College
500 Tausick Way
Walla Walla, WA 99362
(509) 527-4237,
SCAN 629-4237

Walla Walla Community College
P.O. Box 700
Clarkston, WA 99403
(509) 758-1711

Yakima Valley Community College
P.O. Box 1647
Yakima, WA 98907
(509) 575-2457,
SCAN 558-2457

Educational Service Districts and Washington Public Schools:

Contacts for special needs, cultural specialists, training opportunities, etc.

ESD 101 (Adams, Ferry, Stevens, Pend Oreille, Lincoln, Spokane, and Whitman counties)
W. 1025 Indiana Ave.
Spokane, WA 99205
(509) 456-6320,
SCAN 545-6320

ESD 105 (Kittitas, Yakima, and parts of Grant and Klickitat counties)
33 S. Second Ave.
Yakima, WA 98902
(509) 575-2885,
SCAN 558-2885

ESD 112 (Clark, Cowlitz, Skamania, Wahkiakum, and parts of Klickitat and Pacific counties)
1313 NE 134th St.
Vancouver, WA 98685
(206) 574-2871,
SCAN 568-2871

ESD 113 (Grays Harbor, Mason, Lewis, Thurston, and parts of Pacific counties)
601 McPhee Road SW
Olympia, WA 98502
(206) 586-2933,
SCAN 235-2933

Olympic ESD (Jefferson, Clallam, and parts of Kitsap and Mason counties)
105 National Ave. N.
Bremerton, WA 98312
(206) 479-0993,
SCAN 576-6399

Puget Sound ESD (King, Pierce, and parts of Kitsap counties)
12320 80th Ave. S.
Seattle, WA 98178
(206) 772-3636

ESD 123 (Asotin, Columbia, Garfield, Walla Walla, Franklin, Benton, and parts of Adams counties)
705 W. Rose St.
Walla Walla, WA 99362
(509) 529-3700

ESD 123
124 S. Fourth
Pasco, WA 98801
(509) 547-8441

North-Central ESD (Chelan, Douglas, Grant, and Okanagan counties)
640 S. Mission
P.O. Box 1847
Wenatchee, WA 98801
(509) 663-8741,
SCAN 565-1436

Northwest ESD (Island, San Juan, Skagit, Snohomish, and Whatcom counties)
205 Stewart Rd.
Mount Vernon, WA 98273
(206) 424-9573

Other Sources of Information, Training, Networking

Be sure to check out your local:

- ***Library.***
- ***Provider association.***
- ***Public health department.***
- ***Chamber of Commerce.***
- ***Support groups.***
- ***Hospitals, YMCA and YWCA, civic organizations (Kiwanis, Rotary Club, etc.).***

Office of the Superintendent of Public Instruction (OSPI)
Mary Carr, Early Childhood Education Coordinator
Oly Capitol Bldg., FG-11
Olympia, WA 98504
(206) 586-2263,
SCAN 321-2263

Washington Association for the Education of Young Children (WAEYC)
841 North Central #126
Kent, WA 98032
(206) 854-2565

Children's Alliance
Peter Berliner, Executive Director
172 - 20th Ave.
Seattle, WA 98122
(206) 324-0340

Child Care Coordinating Committee
DSHS Division of Child Care and Early Learning
PO Box 45710 (OB-41)
Olympia, WA 98504
(206) 753-5088

Child Care Director's Association of Greater Seattle (CCDAGS)
Mari Offenbecher, President
1118 Fifth Ave.
Seattle, WA 98101
(206) 461-3602

Childhaven
Margo Siegenthaler, Mobile Resource Program Director
316 Broadway
Seattle, WA 98122
(206) 624-6477

Early Childhood Telecommunications Project
Marilyn Cohen
202 Miller Hall, College of Education
University of Washington, DQ-12
Seattle, WA 98195
(206) 543-9414

Early Childhood Education and Assistance Program (ECEAP)
Mary Frost
Dept. of Community Development
9th & Columbia Bldg.
Olympia, WA 98504
(206) 753-4944

Washington State Head Start Association
Larry Siroshton
10619 NE Coxley Dr.
Vancouver, WA 98662
(206) 896-9912

Western Washington Christian Child Care Association
Tom Adler
615 S. 160th
Seattle, WA 98148
(206) 241-1866

Pacific Northwest Montessori Association
Pat Feltin, President
Eton School
2701 Bel-Red Rd.
Bellevue, WA 98008
(206) 881-4230

Self-Assessment, Accreditation

National Association for the Education of Young Children (NAEYC)
1834 Connecticut Ave., NW
Washington, DC 20009
(202) 232-8777,
1-800-424-2460

Child Development Associate (CDA) National Credentialing Program
Council for Early Childhood Professional Recognition
1718 Connecticut Ave., NW, Suite 500
Washington, DC 20009
(202) 265-9090,
1-800-424-4310

National Academy of Early Childhood Programs (1985). Guide to Accreditation by the National Academy of Early Childhood Programs: Self-Study, Validation, Accreditation. NAEYC Publication #916.

Harms, T., Cryer, D., & Clifford, R. M. (1990). Infant/Toddler Environment Rating Scale. New York, NY: Teachers College Press.

Harms, T., & Clifford, R. M. (1980). Early Childhood Environment Rating Scale. New York, NY: Teachers College Press.

Suppliers of Books, Equipment

National Distributers

Many of the resources listed may be available locally or can be ordered directly from the publishers. In addition to local suppliers of books and materials, you might check out national distributors. Below is a sampling of suppliers. Their catalogues cost you nothing, and you may get some ideas of materials to buy, look for locally, or make yourself.

NAEYC Early Childhood Resources Catalog
National Association for the Education of Young Children
1834 Connecticut Ave., NW
Washington, DC 20009
(202) 232-8777,
1-800-424-2460

Redleaf Press: Resources for Early Childhood Professionals
450 North Syndicate, Suite 5
St. Paul, MN 55104
1-800-423-8309

Resource Publication List
National Association for Family Day Care (NAFDC)
725 Fifteenth St., NW,
Suite 505
Washington, DC 20005
(202) 347-3356

Environments, Inc.: Early Childhood Equipment & Materials Guide
Beaufort Industrial Park
P.O. Box 1348
Beaufort, SC 29901
1-800-EI-CHILD

Claudia's Caravan: Multicultural, Multilingual Materials
P.O. Box 1582
Alameda, CA 95401
(415) 521-7871

Afro-Am Education Materials
819 S. Wabash Ave.
Chicago, IL 60605
(312) 922-1147

Council on Interracial Books for Children
1841 Broadway
New York, NY 10023
(212) 757-5339

People of Every Stripe!
P.O. Box 12505
Portland, OR 97212
(503) 282-0612

Lakeshore Curriculum Materials Co.
2695 E. Dominguez St.
P.O. Box 6261
Carson, CA 90749
1-800-421-5354

Creative Publications
3977 East Bayshore Rd.
P.O. Box 10328
Palo Alto, CA 94303
(415) 968-3977

Creative Educational Surplus
1588 South Victoria Rd.
Mendota Heights, MN 55118
(612) 454-7499

Edmund Scientific Co.
300 Edscorp Bldg.
Barrington, NJ 08007
(609) 573-6240

RESOURCES

STEP Inc.
P.O. Box 887
Mukilteo, WA 98275
(206) 355-9830

Dale Seymour Publications
P.O. Box 10888
Palo Alto, CA 94303
1-800-USA-1100

Constructive Playthings
1227 Est 119th St.
Grandview, MO 64030
(816) 761-5900,
1-800-832-0224

Nienhuis Montessori USA
320 Pioneer Way
Mountain View, CA 94041
1-800-942-8697

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